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ABSTRACT

In order to review problems of handicapped children in Howard County, Maryland, and to provide comprehensive services for handicapped children, two surveys were conducted and a model county plan was provided. A county-wide census survey was conducted to determine the numbers and types of handicapped children in the county. Selected questions pertained to family size, type of dwelling, location of nearest school, education of parents, availability of family doctor, type of handicapped, educational problems, current cost of education to parents, and use of medication. Major findings were that boys showed a greater incidence of handicaps than girls, that incidence of more than one handicapped child in a family was high, that parents thought their children needed more help in school, that annual costs to parents ranged from $50 to $4,000, and that almost 10% of the handicapped children took medication. A survey of 25 service agencies was also conducted to assess the programs available to handicapped children in the county and the additional services needed. A general finding was that few agencies considered the entire needs of the children, such as his physical, mental, emotional, and social well-being. Twenty recommendations were then listed for improving services, based on the principle of normalization. (CB)

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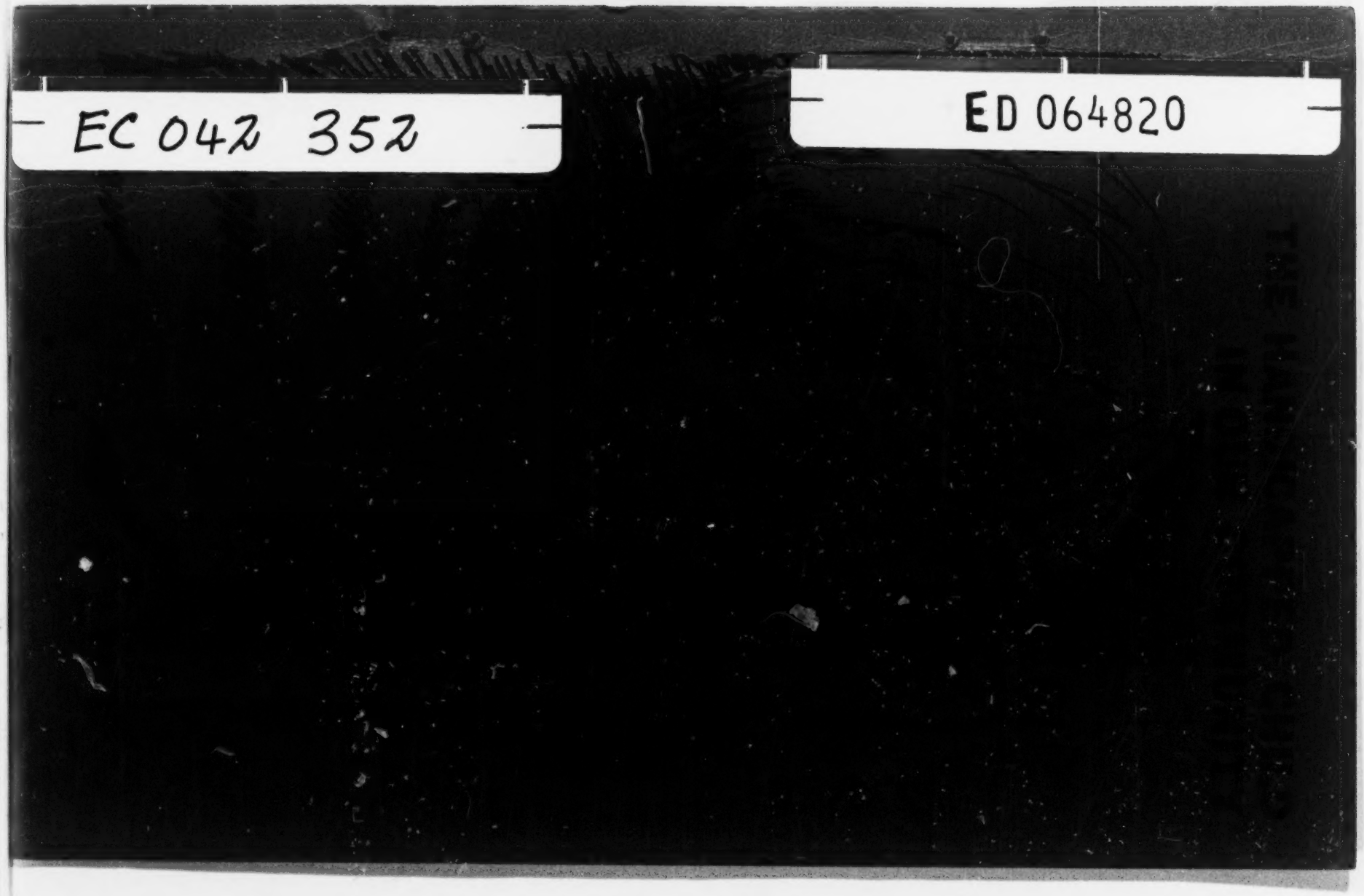

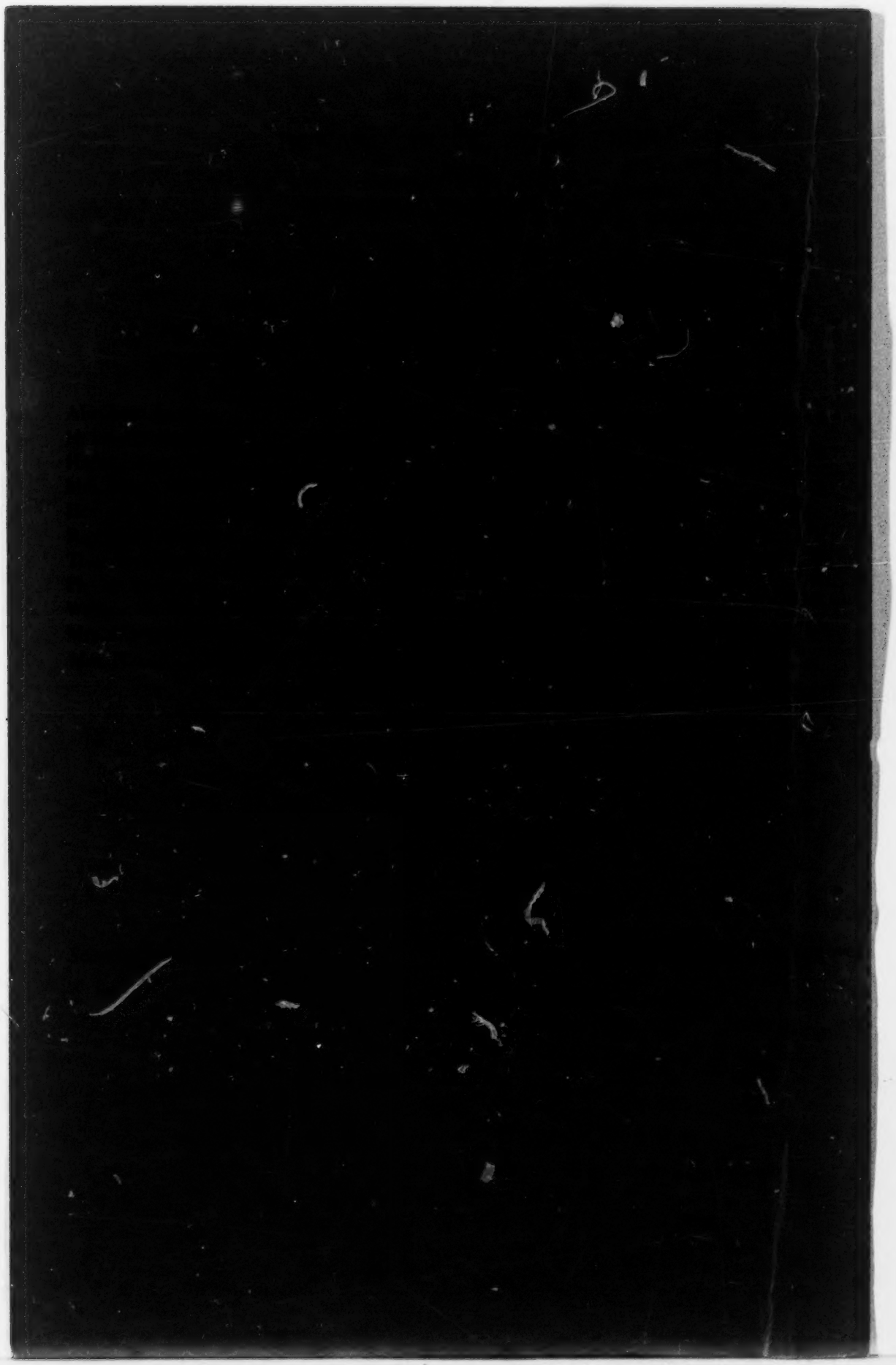

THE HANDICAPPED CHILD
IN OUR COMMUNITY

Report Of The
Howard County Commission
For
Handicapped Children

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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APRIL, 1972

...The child's sob in the silence curses deeper
Than the strong man in his wrath.

From *The Cry of the Children*, Stanza 13 (1844)
By Elizabeth Barrett Browning

...Bitter are the tears of a child:
Sweeten them.
Deep are the thoughts of a child:
Quiet them.
Sharp is the grief of a child:
Take it from him.
Soft is the heart of a child:
Do not harden it.

From *A Child*
By Lady Pamela Wyndham Glenconner (1871-1928)

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HOWARD COUNTY COMMISSION FOR HANDICAPPED CHILDREN
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15 June 1971

Mr. Omar J. Jones
Chief Executive
Howard County Council
Court House
Ellicott City, Md., 21043

Dear Mr. Jones:

On behalf of the Commission for Handicapped Children, I am pleased to send you the attached copy of our report.

We believe that in the short time allotted to us to accomplish this task, we were able to make a fair assessment of the strengths and weaknesses of programs available for habilitation and rehabilitation of handicapped children in Howard County and recommend means for improving the delivery of comprehensive services to children in need. We have attempted to build on many excellent existing resources to provide a continuum of care for the handicapped child.

We desire to thank numerous organizations, agencies and other individuals who have given us information.

We wish to express our gratitude for enabling us to show our deep sense of personal commitment in advising you on ways in which handicapped children can become an asset instead of a liability and enlarge the quality and meaning of life for all citizens in our county.

We know that you fully share our concerns.

Respectfully yours,

Herman S. Preiser

Herman S. Preiser
Chairman

SUMMARY OF RECOMMENDATIONS

1. The County Executive take the necessary steps to *establish a Human Services Agency* under the existing Administrator to expand the functions of human services delivery to county citizens in distress.

2. The County Executive direct the Human Services Administrator to *establish an Office for the Handicapped* within the proposed Human Services Agency.

3. The County Executive direct the Human Services Administrator to mobilize youth and other citizens to aid handicapped and other person in need by *establishing a Community Service Corps.*

4. The County Executive direct the Human Services Administrator, in cooperation with the Department of Social Services to *develop and implement a broad plan of social adjustment and family assistance for the handicapped and their families.*

5. The County Executive direct the Human Services Administrator, in cooperation with other appropriate departments, to *develop a community plan for providing a variety of small specialized residences* to meet the needs of certain handicapped children.

6. The County Executive request the County Council to enact legislation to *provide matching local funds for operation of a Sheltered Workshop* in the county.

7. The County Executive request the County Council to enact legislation for the county to become the *employer of last resort for handicapped* youth and adults unable to obtain private employment.

8. The County Executive request the County Council to adopt legislation to amend local building codes to *remove architectural barriers in all public buildings* which prevent access and use by physically handicapped and aged persons.

9. The County Executive request the County Health Department to submit to the County Council a *5-year plan for coordinating medical services* for handicapped children in the county.

10. The Board of Education direct the Superintendent to prepare a *5-year plan to meet current and long-range needs* of handicapped children in the county.

SUMMARY OF RECOMMENDATIONS

11. **The Board of Education direct the Superintendent to establish** *additional public school classes, as required, for all handicapped children* **able to attend.**

12. **The Board of Education direct the Superintendent to** *utilize the Student Junior and Student Senior Aides* **of the Community Service Corps (Recommendation 3) for resource support to handicapped children.**

13. **The Board of Education direct the Superintendent to** *defray the entire cost of education for handicapped children attending private schools* **where the Department of Education is unable to provide instruction to meet the needs of certain pupils in the public school.**

14. **The Board of Education direct the Superintendent, under appropriate State Aid, to** *expand facilities, programs and personnel to serve the educational and training needs of a large range of developmentally disabled children* **who are able to benefit from a day program and live at home.**

15. **The Board of Education, in cooperation with the State Department of Vocational Rehabilitation, direct the Superintendent to** *provide additional and innovative vocational training to handicapped children.*

16. **The County Executive request the Department of Vocational Rehabilitation to** *convene a yearly seminar to promote employment of the handicapped* **in the county.**

17. **The Chief Executive request the Departments of Health, Education and Social Services to** *study the proposed model of service delivery* **and** *devise a workable system* **for the county, including means of cost-accounting for inter-agency transfer of services.**

18. **The County Executive request the departments of Recreation and Education, in cooperation with the Human Services Administrator to** *devise and implement a comprehensive recreation program for handicapped children.*

19. **Howard Community College, in cooperation with the State Department of Education and other local colleges and universities** *explore the entire problem of training, certification and placement of personnel* **in the helping professions for the handicapped.**

20. *A Citizen's Advocate Board for the Handicapped* **be established to supercede the Commission as an on-going consumer-oriented body of assist the community in implementing the recommendations of the Commission and determine additional enabling legislation needed at the state level.**

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1:1

.....A CHILD .....A TEACHER .....A FULL LIFE

...And I think that saving a little child
And fotching him to his own,
Is a derned sight better business
Than loafing around The Throne.

From *Little Breeches* by John Hay (1838-1905)

... I think that the acceptance and study of the intellectually handicapped child helps us to remain human, and humane. I always like to say this, and I say it as often as I can, that the test of a civilization is in the way it treats its weakest members, and these are certainly the weakest and most innocent. We cannot afford to ignore these children.

Pearl S. Buck

I - COMMISSION

A. Establishment

On 5 January 1970, the County Council of Howard County, Maryland passed Resolution No. 73, requesting the County Executive, Mr. Omar J. Jones, to appoint the Howard County Commission for Handicapped Children (Appendix A).

The number of persons to serve on the commission was not to exceed twelve members. Lay citizens and professional persons representing a broad spectrum of community organizations and interests actively concerned with handicapped children were to make up the Commission membership.

The members of the Commission were: *

ABRAHAM BATES *Lay citizen and immediate past President of Howard County Council of PTA's*

H. EDWIN HETTCHEN *Lay citizen, President of the Howard County Association for Retarded Children and parent of a handicapped child*

HARVEY KATZ, M.D. *Pediatrician, Columbia Hospital and Clinics*

MRS. MARIE MILLER *Supervisor, Howard County Department of Vocational Rehabilitation*

HERMAN S. PREISER *Lay citizen and parent of a handicapped child*

RAYMOND SHREVE *Lay citizen and Vice-President of the County Association for Special Education*

THEODORE SHROP, M.D. *Health Officer, Howard County Department of Health*

MISS PHYLLIS SPONAUGLE *Coordinator of Title I, Howard County Department of Education*

WILLIAM C. TRIMBLE *Lay citizen representing Howard County Association of Community Services*

MRS. T. R. WHYTE *Lay citizen and President of the Howard County Mental Health Association*

MRS. NANCY L. ZASTROW *Supervisor of Special Education, Howard County Department of Education*

** Affiliations listed were at the time of appointment*

I - COMMISSION

B. Purpose

The County Executive charged the Commission with the task of reviewing the problems of handicapped children in Howard County. The Commission was to make recommendations leading to the eventual establishment of unified, comprehensive services for such children.

Since the budget was limited to $3000, which included secretarial and ancillary services and supplies, the task could only be attempted in broad prospective.

C. Procedures

The first meeting of the Commission was held on 10 March 1970. HERMAN S. PREISER was elected Chairman.

The Commission appointed the following consultants who offered to serve as resource persons:

MRS. JAMES CLARK, JR. *Lay citizen and parent of a handicapped child. Resource person on programs for the deaf and state legislation for the handicapped*

RAYMOND L. CLEMMENS, M.D. *Department of Pediatrics, University of Maryland Medical School. Resource person on diagnostic and evaluation services*

DONALD FORSYTHE *Dean, Howard Community College. Resource person on the professional development and training of personnel working with handicapped children*

MRS. RUTH S. JAMES *Member, Howard County Board of Education. Resource person on community needs and public school education for the handicapped*

LUCY KOTARIDES, M. Ed., L.L.D. *Head of Department of Reading and Education of the Exceptional Child, Loyola College. Resource person for teacher training for exceptional children and legal rights of children*

PAUL LEMKAU, M.D. *Professor, School of Hygeine and Public Health, Johns Hopkins University. Resource person on public health responsibilities for delivery of medical services to the handicapped*

I – COMMISSION

MICHAEL P. METTY *Associate Professor of Sociology, Antioch College, Columbia, Md. Resource person on sociological methods for conducting public and institutional surveys*

MRS. ROZELLE J. MILLER *Coordinator for Special Education, Maryland State Department of Education. Resource person on state funded special education programs, teacher certification requirements and federal grants*

E. LAKIN PHILLIPS, Ph. D. *Professor of Psychology at George Washington University and Head of School for Contemporary Education. Resource person in schooling and habilitation of seriously emotionally disturbed children*

MRS. AUDREY ROBBINS *Head, Howard County Department of Social Services. Resource person on social services and welfare practices*

MARC SELIG *Head, Computer Sciences Division, Goddard Space Flight Center. Resource person on computer programming and data processing*

RICHARD B. TALKIN, Attorney, *Legal advisor to the Commission. Resource person on local and state legislation*

PETER VAN B. THORPE, M.D. *Internist in private practice. Resource person on private medical services for handicapped children*

DENNIS WHITEHOUSE, M.D. *Head, Children's Diagnostic and Evaluation Clinic, Johns Hopkins Hospital. Resource person on public medical services available to handicapped children*

In addition to the above, advice and counsel were sought from the following persons:

Mrs. Nancy Clifton, *Children's Physical Development Clinic, Howard County Department of Education*

Dr. Trudy Hamby, *University of Maryland*

Dr. Warren Johnson, *University of Maryland*

Dr. Gertrude J. Justison, *Child Study Center, Howard County Department of Education*

Dr. T. Glynn Williams, *Rosewood State Hospital*

I - COMMISSION

A modified version of the "Declaration and Special Rights for Handicapped Children" was adopted (Appendix B).

Meetings over an eighteen month period focused on three major objectives:

1. Conduct a county-wide survey to determine the numbers and types of handicapped children in Howard County.

2. Conduct an agency survey to assess the programs available to handicapped children in Howard County and additional services needed.

3. Develop a model county plan to coordinate present and future services for handicapped children in Howard County.

Committee members and consultants and other community resource personnel were assigned to task groups to gather current information and to make recommendations for the future. Topics of task groups included the following:

Medical Services

Educational Services

Social Adjustment and Family Services

Recreational Services

Vocational Training and Employment

Legislative Needs

Professional Training

Census Survey

Agency Survey

II - FACTUAL INFORMATION

A. Definition of Handicapped

Within the context of this report, the word *handicapped* is used in its most general sense to include impairment in the intellectual, emotional, physical or social functions of the child (person under 25). Some examples of the disabilities of the handicapped are as follows[1] : 1) behavioral disabilities (autism, hyperactivity, withdrawal and delinquency); 2) communicative disabilities (aphasia, deafness, hearing and/or language impairment and perceptual disorders); 3) mental disabilities (mental retardation and brain injury); 4) physical disabilities (heart disease, cerebral palsey, muscular distrophy and blindness). The disorders of the handicapped may cause impairment in one or more of the four human functions: physical, social, intellectual and emotional.

Another way of expressing the above definition in lay language was developed at the 1960 White House Conference on Children and Youth:

> "A handicapped child is a child who cannot play, learn, work, or do things other children his age can do; or who is hindered in acheiving his full physical, mental and social potentialities; whether by a disability which is initially mild but potentially handicapping or by a serious disability involving several areas of function with the probability of life-long impairment."

B. Handicapped Population

National Statistics: Nationally, the handicapped population was analyzed by the federal government in 1968.[2] The report indicates that there were 6 million handicapped children. Table I gives a breakdown of this group by type of handicap for comparison with Howard County's handicapped populations. The latter was a result of the Howard County Commission Census Survey. A study of the handicapped population in a Georgia community [3] is also included for interest and evaluation.

Excluding those children with social handicaps stemming from poverty and cultural deprivation, the federal statistics indicate that handicapped children in all other catagories range from 10-15% of the "under 25" population. National distributions tabulated in Figure 1 (which do not include children with learning disabilities) also reveal the lack of adequate services.

Maryland Statistics: Similar information from the State of Maryland [1] reveals that of 89,129 children needing special education services, only 50% are served. While this percentage is slightly better than the national average, it is still woefully inadequate. This is one of the reasons why efforts are being made on a state level, [5] to improve local programs.[6]

TABLE 1

DISTRIBUTION OF HANDICAPPED CONDITIONS

(Percent)

TYPE OF HANDICAP	NATIONAL*	HOWARD COUNTY	GEORGIA**
Mentally Retarded	25	14.0	16.8
Speech and Hearing	40.8	20.9	20.2
Vision and Eye	1.3	7.7	10.1
Emotionally Disturbed	13.4	9.0	12.2
Crippled	5.2	7.7	12.2
Other Health Impaired	12.8	10.6	13.0
Multiple Handicapped	1.5	-	-
Hyperactivity	-	13.8	-
Other	-	16.3	18.4
Number of handicapped children in sample	5,961,000	326	296
HANDICAPPED CHILDREN			
Total sample Children	10	5.85	10.8
SOCIO-ECONOMIC DEPRIVED Total Population	25%(est.)	8.95	31.3
Average number of handicaps per child	-	2.0+(est.)	2.2

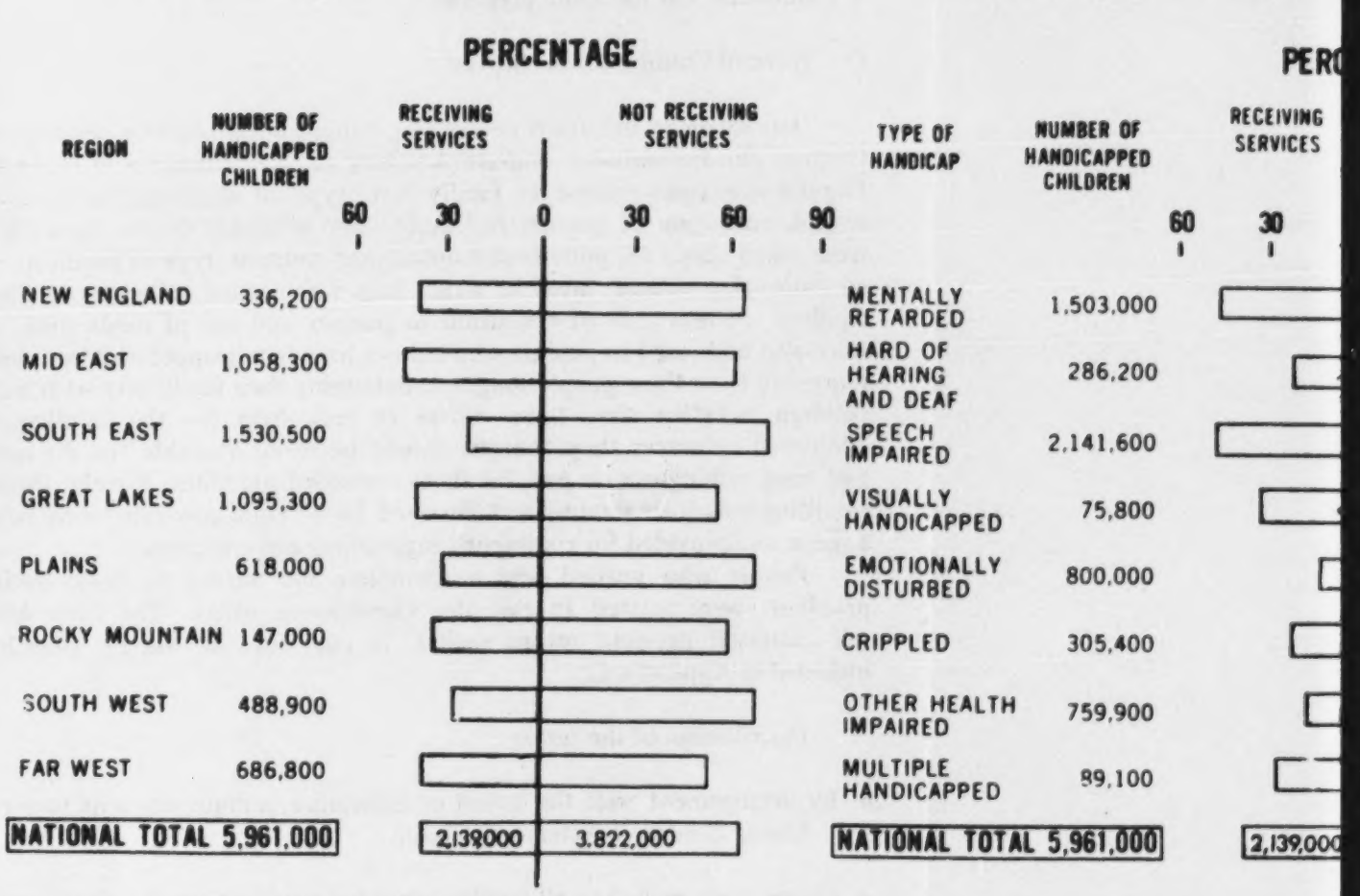
* Better Education for the Handicapped, Annual Report FY 1968, HEW, OE, BEH, June, 1969

** Samuel M. Wishik, " Handicapped Children in Georgia: A Study of Prevalence, Disability, Needs and Resources", Amer. J. Public Health 46, 195-203, (1956) Feb.

HANDICAPPED CHILDREN RECEIVING AND NOT RECEIVING SPECIAL EDUCATION SE

BY REGION — FISCAL YEAR 1968

BY HANDICAP — FISCA

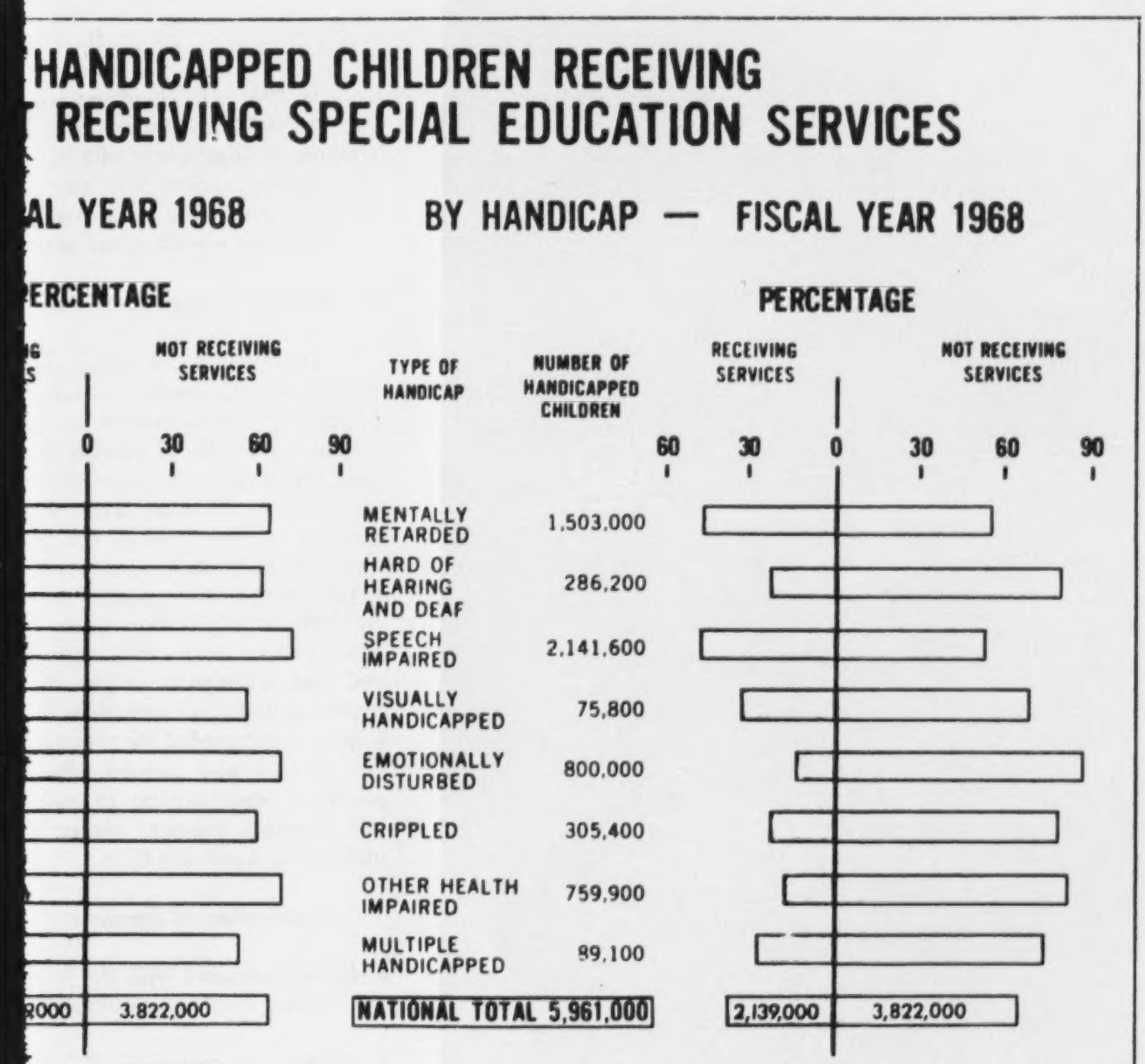


(NOTE: In addition to the 4,675 local school districts, 608 Non public schools participated in Title VI-A programs and projects.)

FIGURE 1. (From Better Education for Handicapped Children, Annual Repor
U. S. Department of Health, Education, and Welfare, Bureau o
of Handicapped, Washington, D. C., June, 1969).

HANDICAPPED CHILDREN RECEIVING
RECEIVING SPECIAL EDUCATION SERVICES

AL YEAR 1968 BY HANDICAP — FISCAL YEAR 1968



tricts, 608 Non public schools
cts.)

Better Education for Handicapped Children, Annual Report FY 1968.
Department of Health, Education, and Welfare, Bureau of Education
ndicapped, Washington, D. C., June, 1969).

II - FACTUAL INFORMATION

In 1966, Maryland enacted enabling legislation under its Mandatory Education Act to "legally entitle every handicapped child to receive appropriate education and training commensurate with his needs."

Before action was recommended for Howard County, the Commission believed that specific information should be obtained from the county. A survey questionnaire was therefore prepared.

C. Howard County Census Survey

To obtain information concerning handicapped children residing in Howard County, the Commission undertook a mail census of families in Howard County. General questions related to family size, type of dwelling, location of nearest school, education of parents and availability of family doctor. Specific questions were asked about the parents of handicapped children, type of handicap, schooling, educational problems, areas in which help was needed, educational placement of children, current cost of education to parents and use of medication. Questions were also addressed to parents who did not have handicapped children. Information requested from these people sought to determine their familiarity with handicapped children, whether they knew where to seek help for the handicapped, what additional resources they thought should be made available for the handicapped and their willingness to pay for these expanded programs. Finally, their opinions regarding volunteer services and the need for a "child advocate" were solicited and a space was provided for comments, suggestions and criticisms.

People who needed help to complete the Survey or those having urgent problems were invited to call the Commission office. The form contained a self-addressed pre-paid return mailer. A copy of the Survey Questionnaire is included in Appendix C.

Distribution of the survey:

- By arrangement with the Board of Education, a copy was sent to every family having children registered in school.
- Copies were mailed to all families receiving services from the Community Action Council.
- All county government departments were sent copies for distribution to their personnel.
- Personnel departments of local industry were sent copies for distribution to their employees.
- All parochial and private schools were furnished copies for students to take home to their parents.

II - FACTUAL INFORMATION

- All civic organizations, PTA's, religious organizations and service clubs were sent copies to distribute at meetings.

- All public health nurses and private doctors were given copies for distribution to clients.

- Quantities of the survey forms for distribution were left with Howard Community College, Antioch College, Columbia Clinic, Department of Health, Department of Vocational Rehabilitation and Department of Social Services.

Maximum newspaper publicity was requested during February 1971 alerting citizens to the existance of the survey and urging them to respond by sending in completed forms.

Analysis and limitations: Limited budget and time did not permit the extensive sampling required for rigorous mathematical correlations. From the responses, however, we were able to determine the extent of handicapped problems in the county, from which important conclusions can be drawn.

1. Based on the 1970 Census as shown in Table 2, there are 16,880 households in the county and a total population of 61,911 persons of which 47.5 percent are persons under 25*. Distribution of total population by age group and geography is indicated. The same population for the survey consisted of 2,026 households amounting to 15.7% total population and 18.8% of the children population of the county. In this sample, 57% (9.5% in excess of census figures) where children under 25. This should be expected since most of the returns were from families with children.

2. To check the random distribution of the sample returns for geographic distribution, a composite map of the county was drawn in which the location of schools were superimposed on the political district boundaries shown in Figure 2. The population distribution from Table 2, as derived from the 1970 Census, is indicated in each subdivision. Correlation between percentage of returns expected from each area and actual return percentages is high. One variation appears in District 5, perhaps due to the presence of Columbia with its active citizenry. Another large variation appears in District 1, presumably because of the existance of only two schools within the district and with several schools within the continguous boundaries of Districts 2 and 6.

3. Table 3 indicates that Howard County boys show a 50% greater handicap incidence than girls. This is consistent with higher birth defects found in the male population.

* Defined as "children" for purposes of this study.

II - FACTUAL INFORMATION

4. On universal samplings, the incidence of more than one handicapped child in a family is fairly high. This also holds true for Howard County where 15% of all families reporting handicaps had two or more children afflicted (Table 3). Table 4 further demonstrates the problem of multiple handicaps. Of the 326 handicapped children reported, 80% had two or more problems. This finding is similar to a Georgia study summarized in Table 1 and it is not surprising; since primary handicapping conditions, especially those affecting mental, emotional and perceptual functioning of the body, cause interference and interaction with various physiological processes.

5. Table 4 also demonstrates that most parents of handicapped children in school feel that their child is having problems and needs more help in the school setting. Although most of the handicapped children reported in the survey were receiving educational experiences, only 65% attended public schools. Coincidentally, this figure is precisely the same as the percentage of parents reporting the need for more school help. This stresses the need for more specialized services within the public school system, to accomodate all types of handicapped except those who are severely impaired and require constant custodial care.

6. Reported annual costs to parents of handicapped children range from $50 to $4,000. Approximately 16% of these reports show costs which can impose serious financial burdens on families, indicating that county-state aid to such families should be revamped to reduce or eliminate these hardships.

7. The survey also pinpoints the relatively large proportion of handicapped children (9.6% of the total) who are required to take medication in school. Where the child is unable to do this on his own, teachers or health room personnel must be empowered to administer the necessary medications.

8. Howard County citizens who returned the questionnaires display attitudes toward handicapped children which are positive, far-seeing and which exemplify the best in community concern. Refer to Table 5. Considerable additional publicity, public education, and a good public relations program would further enhance the number of enlightened citizens who seek proper solutions to the problem of the handicapped. Responses were received from 2,026 families, of whom 86.5% did not have handicapped children. Twenty-five percent of this total knew a handicapped child and 10% of those who did know such a child felt that care and treatment were inadequate.

9. Most families indicated that they would seek help from doctors, clinics or hospitals if they suspected that their own child was handicapped. This suggests that the medical profession could best help patients if they were kept informed of services available to the handicapped, including those of the school system.

TABLE 2

HOWARD COUNTY 1970 CENSUS

TOTAL POPULATION	PERSONS	PERCENT
Total	61,911	100
Males	31,173	50.2
Females	30,738	49.8
AGE DISTRIBUTION		
Under 5	5,702	9.2
5-9 years	7,321	11.8
10-13 years	5,825	9.4
14-17 "	5,049	8.2
18-21 "	3,219	5.2
22-24 "	2,326	3.7
25-44 "	18,115	29.3
45-59 "	9,398	15.2
Over 60 years	4,956	8.0
CHILDREN (As defined by the Commission)	29,442	47.5
HOUSEHOLDS (16,880)	60,673	98.0
INMATES OF INSTITUTIONS	906	1.47
OTHER GROUP QUARTERS	332	0.53
GEOGRAPHIC DISTRIBUTION		
Total	61,911	100
District 1	9,613	15.6
District 2	17,445	28.1
District 3	3,667	5.9
District 4	4,250	6.8
District 5	13,536	21.9
District 6	13,400	21.7

TABLE 3

SURVEY DATA SUMMARY +

General Information	NUMBER	PERCENT
COUNTY POPULATION	61,911	100
SURVEY POPULATION (Question #1)		
Families*	2,026	
Persons (4.67 / Family)	9,752	
Children (2.75 / Family)	5,572	100
Handicapped Children	326	5.85
HANDICAPPED CHILDREN (Question #8)	326	100
Male	195	60.0
Female	124	38.0
Unknown	7	2.0
FAMILIES	2,026	100
Familes with Handicapped Children	280	13.5
FAMILIES WITH HANDICAPPED CHILDREN (Question #8)	280	100
With one handicapped child	238	85.0
With two handicapped children	38	13.5
With three handicapped children	4	1.5
FAMILY DWELLINGS (Question #3)	2,026	100
Own home	1,650	81.3
Rent home	147	7.3
Rent apartment	101	5.0
Trailer	35	1.8
Other (unknown)	93	4.6

* Over 97% reported having a family doctor (Question #6)

\+ Refer to Survey Questionnaire Form in Appendix C.

TABLE 4

SURVEY DATA SUMMARY

Parent of Handicapped Children	NUMBER	PERCENT
HANDICAPPED CHILDREN (Question #8)	326	100
Children having two or more handicaps	261	80
THE HANDICAPPED CHILD DEFINED (Question #9)		
Age of Children		
0-4	26	8
5-11	188	58
12-14	52	16
15-18	39	12
19 and Over	16	5
Unknown	5	1
Attending Public School	212	65
Attending Private Schools	32	10
Attending Other Schools	33	10
No Answer	49	15
EDUCATIONAL PROBLEMS (Question #10)		
Having problems	163	50
Not reported	33	10
No educational problems	130	40
One educational problem	128	39
Two education problems	68	21
Three educational problems	72	22
More than three educational problems	58	18
AVAILABLE SERVICES (Question #11)		
Not adequate	212	65
Adequate	98	30
Not reported	16	5
When services were reported to be inadequate, needs were (more than one answer)		
Tutoring	51	
Remedial reading	39	
Language therapy	38	
Social adjustment	30	
Other	28	
Psychological testing	16	
Recreational	15	
Physical therapy	14	
Medical	12	
Vocational testing	10	
Diagnostic services	9	
Psychotherapy	7	
Occupational therapy	7	
CHILDREN ENROLLED IN EDUCATION PROGRAM (Question #12)		
Yes	229	70
Not Reported	97	30
AVERAGE COSTS TO PARENTS		
$50 / yr.	166	51
$250 / yr.	21	6.5
$750 / yr.	14	4.4
$1,500 / yr.	4	1.3
$3,000 / yr.	7	2.2
$4,000 / yr.	5	1.6
Unknown	109	33
MEDICATION REQUIRED DURING SCHOOL (Question # 13 c)		
Yes	31	9.6
No	248	76.
No Answer	47	14.4

Refer to Survey Questionnaire Form in Appendix C.

TABLE 5

SURVEY DATA SUMMARY

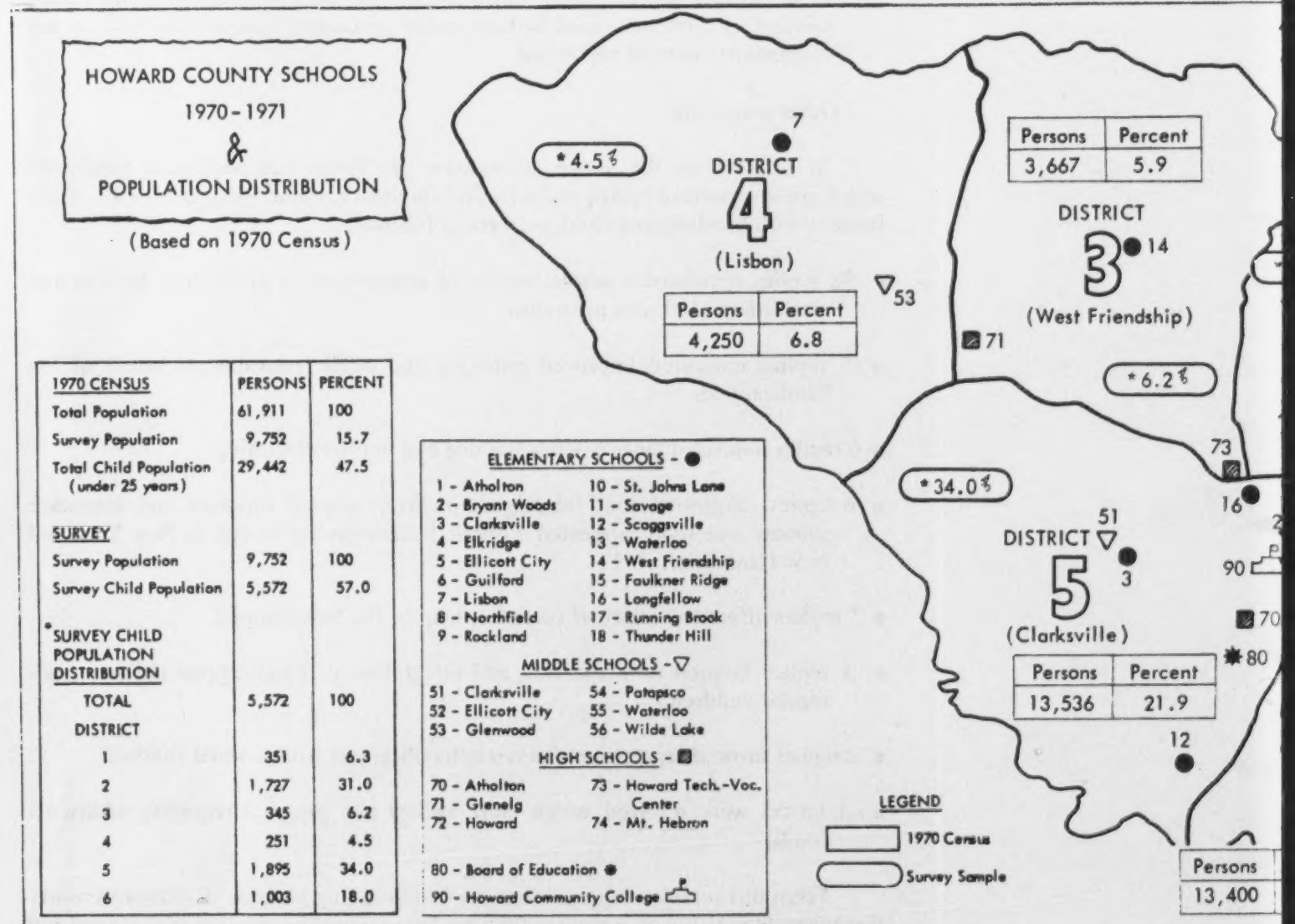
Families Without Handicapped Children	NUMBER	PERCENT
TOTAL FAMILIES IN SAMPLE	2,026	100
Response to Question # 14	2,026	100
Response to Question # 15	1,856	92
Response to Question #16	1,400	69
Response to Question #17	1,364	67
Response to Question #18	1,400	69
Response to Question #19	1,199	59
Knows handicapped child (Question # 14)	543	100
Think care and treatment inadequate	52	9.5
First place to seek help for a handicapped child (Question # 15)	1,856	100
Doctor, Hospital or Clinic	1,797	97
School, Board of Education	38	2
Other	21	1
Addtional resources for handicapped (Question #16)	1,400	100
Yes	1,100	78
No	300	22
Methods of Financing Necessary Services (Question # 17a and 17b)	1,364	100
Favor generalrevenue and federal aid	955	70
Favor fund raising and donations	271	20
Favor insurance and private fees	138	10
Would you volunteer to help the handicapped (Question # 18)	1,400	100
Yes	490	35
No	910	65
Child Advocate for handicapped (Question # 19)	1,199	100
In favor	998	83
Against	201	17

+ Refer to Survey Questionaire in Appendix C.

HOWARD COUNTY SCHOOLS
1970 - 1971
&
POPULATION DISTRIBUTION

(Based on 1970 Census)

1970 CENSUS	PERSONS	PERCENT
Total Population	61,911	100
Survey Population	9,752	15.7
Total Child Population (under 25 years)	29,442	47.5
SURVEY		
Survey Population	9,752	100
Survey Child Population	5,572	57.0
*SURVEY CHILD POPULATION DISTRIBUTION		
TOTAL	5,572	100
DISTRICT		
1	351	6.3
2	1,727	31.0
3	345	6.2
4	251	4.5
5	1,895	34.0
6	1,003	18.0



ELEMENTARY SCHOOLS - ●

1 - Atholton
2 - Bryant Woods
3 - Clarksville
4 - Elkridge
5 - Ellicott City
6 - Guilford
7 - Lisbon
8 - Northfield
9 - Rockland
10 - St. Johns Lane
11 - Savage
12 - Scaggsville
13 - Waterloo
14 - West Friendship
15 - Faulkner Ridge
16 - Longfellow
17 - Running Brook
18 - Thunder Hill

MIDDLE SCHOOLS - ▽

51 - Clarksville
52 - Ellicott City
53 - Glenwood
54 - Patapsco
55 - Waterloo
56 - Wilde Lake

HIGH SCHOOLS - ■

70 - Atholton
71 - Glenelg
72 - Howard
73 - Howard Tech.-Voc. Center
74 - Mt. Hebron

80 - Board of Education ●
90 - Howard Community College

FIGURE 2.

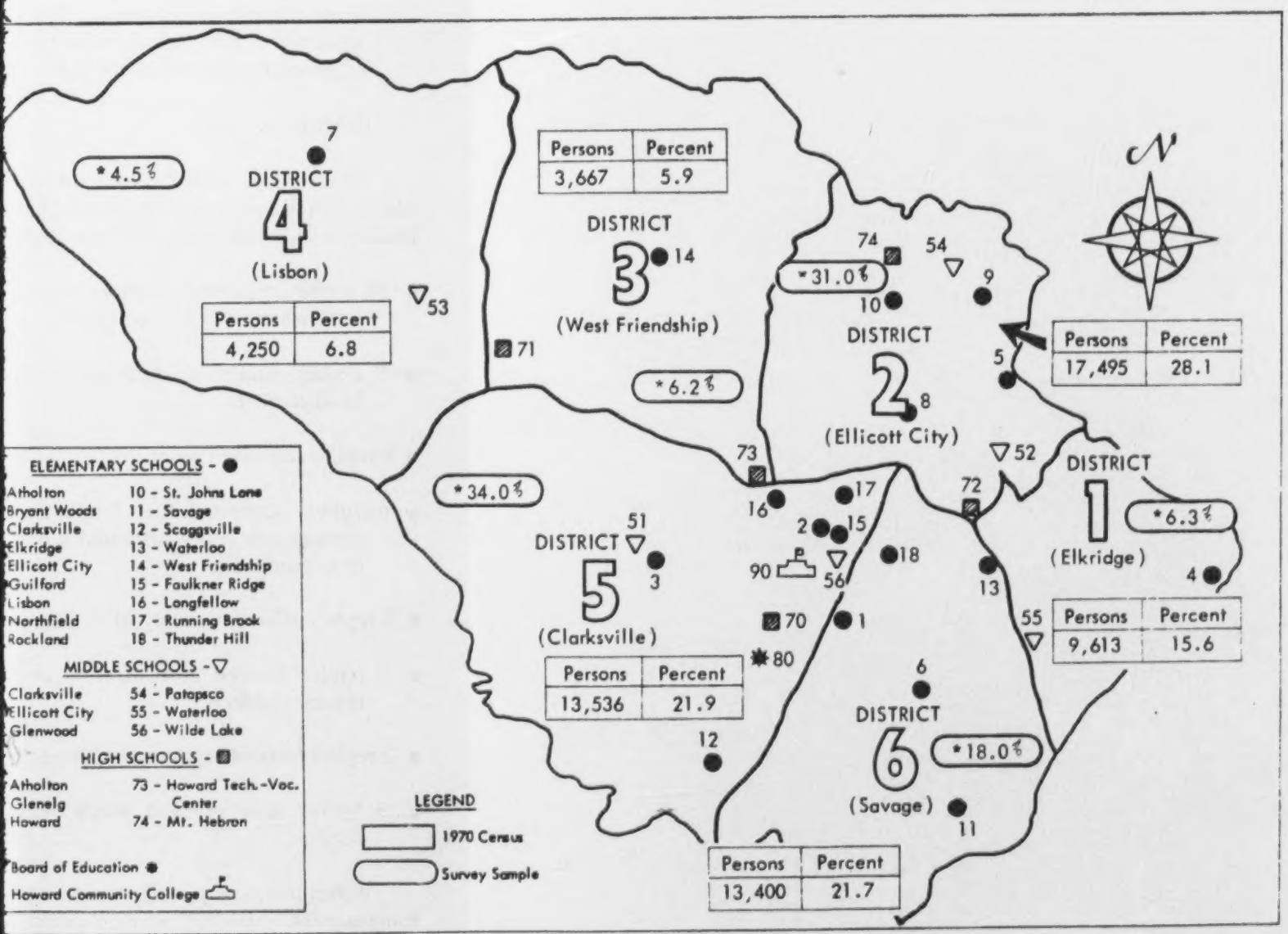

DISTRICT 4
(Lisbon)
*4.5%
Persons 4,250
Percent 6.8
DISTRICT 3
(West Friendship)
Persons 3,667
Percent 5.9
DISTRICT 2
(Ellicott City)
*31.0%
Persons 17,495
Percent 28.1
DISTRICT 1
(Elkridge)
*6.3%
Persons 9,613
Percent 15.6
DISTRICT 5
(Clarksville)
*34.0%
Persons 13,536
Percent 21.9
DISTRICT 6
(Savage)
*18.0%
Persons 13,400
Percent 21.7
*6.2%
N
ELEMENTARY SCHOOLS -
Atholton
Bryant Woods
Clarksville
Elkridge
Ellicott City
Guilford
Lisbon
Northfield
Rockland
10 - St. Johns Lane
11 - Savage
12 - Scaggsville
13 - Waterloo
14 - West Friendship
15 - Faulkner Ridge
16 - Longfellow
17 - Running Brook
18 - Thunder Hill
MIDDLE SCHOOLS -
Clarksville
Ellicott City
Glenwood
54 - Patapsco
55 - Waterloo
56 - Wilde Lake
HIGH SCHOOLS -
Atholton
Glenelg
Howard
73 - Howard Tech.-Voc. Center
74 - Mt. Hebron
Board of Education
Howard Community College
LEGEND
1970 Census
Survey Sample

FIGURE 2.

II - FACTUAL INFORMATION

10. Most families who answered the survey were in favor of additional resources for handicapped children and 70% indicated that they were willing to pay for these through tax revenues. Thirty-five percent were willing to volunteer their services so that costs could be kept under reasonable control. This force in the community must be mobilized.

Other comments:

In addition to the above information, 96 forms had additional comments which are summarized in Appendix D. The comments, comprising about 30% of the families with handicapped children, were as follows:

- 58 replies requested a whole variety of improvements in existing services and establishment of new programs.
- 9 replies requested improved publicity and public relations on behalf of the handicapped.
- 6 replies requested more teacher training and improved staffing.
- 6 replies suggested that funding come from general revenues and insurance sources; one reply suggested a public lottery similar to one in New York and New Hampshire.
- 5 replies offered a variety of volunteer help to the handicapped.
- 3 replies favored normalization and integration of handicapped children with regular children.
- 2 replies favored separation of severely handicapped from normal children.
- 3 letters were received which were against any program requiring additional funds.

From this survey, it appears that the handicapping problem in Howard County is manageable. Although many children are being served by existing educational and medical programs, a considerable portion of the handicapped population is still in need of additional comprehensive services. Such services will help them function more independently by aiding them to live normal lives to the maximum possible extent.

Facilities within and outside the public school system that are available to the handicapped children of Howard County, specific recommendations and a model plan are presented in the subsequent sections of this report.

II - FACTUAL INFORMATION

D. Howard County Agency Survey

An Agency Survey Questionnaire (Appendix E) was administered to executive personnel at twenty-five agencies presently dealing with handicapped individuals from Howard County. The questionnaire, mailed in advance to the director of each agency, was then administered during an interview by a member of the Commission. The Commission's research assistant, Deborah Yanover, an Antioch College student, attended most interviews, recorded the interview data, and consolidated each interview into a narrative which was then reviewed and edited by the Commission member conducting that particular interview. Twenty-five interviews in all were accomplished by ten Commission members and Miss Yanover. (Since one agency had no legal jurisdiction to serve Howard County residents, it was not included in this report). In addition to learning of the structure, goals and services of each agency, the interview succeeded in aquainting agency personnel with the Commission's existence and purpose, thereby gaining support for the Commission from those professionals whose cooperation is vital if the Commission model plan is to ultimately succeed.

The agencies that were surveyed could be roughly divided into three catagories: those that give *primary* service, those that give *secondary* service and those that provide both types of services *(composite).*

Primary services refer to actual treatment of handicapped children using professional resources in the areas of medicine, health, psychology, education, recreation and social adjustment, singly or often in combination.

Secondary services do not actually treat the child or remediate the problem, but provide diagnostic, prescriptive, referral and placement services for the child. They may offer a limited amount of guidance and counseling to parents.

Primary service Agencies

ROSEWOOD STATE HOSPITAL* - Owings Mills Rd., Baltimore, Md.
Dr. Kurt Glaser, interviewed; Dr. Glyne T. Williams, Director

Rosewood is a residential psychiatric hospital for mentally retarded and mentally ill individuals, supported by state and federal monies and fees from patient's families. It offers a variety of counseling and therapy and does some evaluating and referring. Due to overcrowding, nearly all new admissions have been refused except those ordered by the courts. They do not have enough staff or space, facilities or beds to meet the needs of the patients adequately. Some of the mentally retarded patients go to Henryton when they are eighteen, but otherwise, there are no definite time limits as to the length of stay

* Literature describing these facilities is available directly from the agency.

II - FACTUAL INFORMATION

HENRYTON STATE HOSPITAL* - Henryton, Carroll County, Md.
Dr. Edgars M. Maculans, Superintendent

Henryton is a residential hospital for the moderately, severely, and profoundly retarded who are eighteen or older. The hospital is supported by state funds, fees and a small number of donations. Individuals are generally referred to Henryton through Rosewood. The aim at the hospital is to help the residents become as self-sufficient as possible by training them for gainful jobs or to live at home cooperatively with their families. They need more staff, facilities and better transportation. They would like to see more day care centers, group homes and community residences for the retarded. A few Howard County retarded adults participate in a day activities program.

SPRINGFIELD STATE HOSPITAL* - Sykesville, Carroll County, Md.
Dr. Frederich Pokrass, Director; Mr. Richard Springer, interviewed

Springfield, a state funded hospital for psychotic patients, serves seven counties and part of Baltimore City. Offered are all kinds of psychological counseling, physical therapy, occupational therapy and education for the adolescent population residing there. There are 75 adolescents from age 12-17 years old, who will soon be housed in a new building for their exclusive use. The hospital needs more staff, better or improved facilities and higher salaries. With more funds they would start alcohol and drug treatment programs. It is the largest of state hospitals.

TAYLOR MANOR HOSPITAL* - Ellicott City, Md.
Dr. Irving Taylor, Director; Mr. John Edmonds, interviewed

Taylor Manor is a private, psychiatric hospital supported entirely by fees. Services include psychiatric therapy and counseling, occupational therapy and education for the patients there. About 30% of the patients are adolescents. The average in-care stay is between three and six months and the out-patient care between seven and twelve months. Less than ten Howard County residents are patients at present. There is no waiting list and most people are referred by private physicians. The costs range from $40 to $60 per day.

MARYLAND SCHOOL FOR THE DEAF* - Frederick, Md.
Mr. David Denton, Superintendent

Maryland School for the Deaf is a residential school for the profoundly deaf for children in kindergarten through twelfth grade. There is a full academic program, physical education, some psychiatric counseling, vocational training, family counseling, medical evaluation and a clinic for the students. A parent education

* Literature describing these facilities is available directly from the agency.

program is in operation, led voluntarily by the teachers. A branch will be opening soon in the County serving mostly day students. An unit for the multi-handicapped is also planned. The approach to learning is one of *total communication* - sign language, finger spelling, speech reading, and speech. Mr. Denton spoke of the need for early diagnosis, genetic counseling, more local services for the deaf and an expansion of existing programs at the school.

MARYLAND SCHOOL FOR THE BLIND* - Overlea, Baltimore, Md.
Mr. Herbert J. Wolfe, Superintendent

Maryland School for the Blind is a private, state-aided school for the blind that provides a residential education for children from ages four to twenty-one. The school offers, aside from education, all kinds of counseling (psychiatric, family, social adjustment) and physical therapy. Over one-half of the students are multi-handicapped. The school is expanding, building two new facilities for multi-handicapped students. They need funds to develop occupational therapy services and expand existing programs.

HOWARD COUNTY DAY CARE CENTER FOR RETARDED CHILDREN*
Ellicott City, Md.
Mrs. Ruth Neal, Director

The Howard County Day Care Center for Retarded Children serves those who are not able to profit from the public school program for the retarded. Financial aid is provided by matching funds from the Maryland State Health Department and the county government as a result of 1961 legislation. In addition, supplementary monies are provided through private donations. At the time of interview, the facility was housed at the Mt. Hebron Presbyterian Church. Nine children, age 6-15, are presently enrolled with a staff of one instructor and one aide. Bus transportation is provided for those enrolled. The all-day program runs for a total of 185 days per year, on the same basis as the regular public school program. A Board of Directors, including representatives from the County Health Department, County Department of Education and parents who work cooperatively in the referral of children to the Center, controls the operation of the Center. The Howard County Association for Retarded Children initiated this program in conjunction with members of the Mt. Hebron Presbyterian Church. The Center needs a larger facility in order to increase enrollment. Part-time additional staff are needed to assist with occupational, recreational, physical and speech therapy. The older children need to be constructively employed in an activities program, for which initial funding for fiscal year 1971 has been granted.

*Literature describing these facilities is available directly from the agency.

II - FACTUAL INFORMATION

DELREY DEVELOPMENTAL CENTER, UNITED CEREBRAL PALSEY OF CENTRAL MARYLAND - Catonsville, Md.
Mary A. Lietuvnikas, Administrator

Delrey is an educational and theraputic center for children with cerebral palsey that serves all of central Maryland. It operates weekdays during the school year. Physical, occupational, speech and psychiatric therapy plus medical help are offered. The center is funded by fees (according to ability to pay), donations and state monies. Children attending the school from Howard County are eligible for county and state aid. The center has buses of its own, but needs a coordinator for transportation. They would like to acquire a new building, housing both day care and regular programs, including a small residential facility.

SCHOOL FOR CONTEMPORARY EDUCATION* - Ellicott City, Md.
E. Lakin Phillips, Ph.D., Director; Mrs. Artha J. Hoffarth, Unit Director, interviewed

The School for Contemporary Education is the Maryland Unit of the parent school in McLean, Virginia. It is a non-profit, non-sectarian private day school for emotionally disturbed (behaviorally deviant) children between the ages of six and twelve. The orientation of the school is that of *behavior modification.* The goal with each child is to build new academic and social behaviors as well as to decrease or eliminate inappropriate behaviors. The school is presently housed in the First Lutheran Church of Ellicott City and offers an eleven month program during the year. The costs are presently paid by excess state aid funds, CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) and insurance funds for many of the students attending. For Howard County children, transportation is provided by the public school system. The school is presently in need of instructional and recreational equipment and video tape machines. The major problems at present are transportation for children out of county or from remote areas in the county and the lengthly delay often encountered in obtaining state aid for tuition.

GATEWAY PRESCHOOL* - Baltimore, Md.
Miss Jean Chapman, Director

Gateway Preschool is a program of the Hearing and Speech Agency of Metropolitan Baltimore, Inc. It is an accredited nursery-kindergarten school for children with severe communicative disorders between the ages of two and one-half and six years old. Its services include diagnostic teaching, speech and language development activities, auditory training, speech reading instruction and regular nursery school activities. The approach is to get the child to a point where he or she is able to return to regular or special education classes. The school is a recognized

***Literature describing these facilities is available directly from the agency.**

II - FACTUAL INFORMATION

Community Chest organization with monies coming from the state, federal and local governments and from endowments, fees and contributions. They definitely need a larger facility and more trained staff to accommodate new admissions for next year. There is also no means of transportation for those outside of Baltimore County, except which can be provided by the parent.

LINWOOD CHILDREN'S CENTER, INC.* - Ellicott City, Md.
Miss Jeanne Simmons, Director;
Mrs. Susanne M. Mitchell, Assistant Director, interviewed

Linwood is a small private theraputic center for children suffering from autism, severe emotional disorders or severe disorders of communication and behavior. Many of these children have been diagnosed psychotic or pre-psychotic by others, prior to admission. Children are admitted from three to seven years and are rarely kept past twelve years of age. There are about 30 children in the school, the majority attending as day pupils. Children in residence board five days per week and return home to their families on week-ends. Plans are going forward to build a modern residence for housing up to 16 children. The treatment is known as *milieu therapy*, slightly similar to a nursery school, but involving psychotheraputic techniques in education, recreation, counseling and social adjustment. Children attending Linwood (year-round program) are eligible to receive funds from Department of Education under excess state aid. Insurance and CHAMPUS funds are also used to partially defray expenses. Transportation is a problem. Linwood operates a bus to a pick-up point in Silver Spring. Children in the Baltimore area are usually transported by their parents. Linwood is in need of funds for construction and furnishing of a new children's residence. Matching funds are being sought from the State Department of Mental Health. At present, there are no plans for expanding enrollment beyond the operating capacity of 40 children.

HOWARD COUNTY VOCATIONAL TECHNICAL CENTER* - Ellicott City, Md.
Dr. Richard N. Jones, Director

The Vo-Tech Center provides vocational education as part of the total public school program designed to prepare students for gainful employment. It has a modern plant, fully equipped to provide training in agriculture and horticulture, air-conditioning and refrigeration, automotive trades, all the building trades, food preparation and services, nursing and health services, data processing, reprographic arts, business education and office machine repair, cosmetology, etc. A student spends half his time at the Vo-Tech Center and half his time in the regular class. The school is free and fully funded by local, state and federal monies. Educably mentally retarded students are admitted to the center for training and are integrated into the regular program. All students are provided vocational guidance and counseling. Instructors are specialists in their trades but have not been

*Literature describing these facilities is available directly from the agency.

especially trained to work with the handicapped. Dr. Jones feels that if his staffing could include an education specialist in habilitation for the handicapped and sufficient trained aides to work with the regular teachers that more severely handicapped students could be accommodated at the center for pre-vocational training leading to employment in a sheltered workshop. Trainable mentally retarded children as well as other physically and mentally disabled children could benefit from this arrangement. Finding jobs for most students after they complete their training is relatively easy, but transportation to and from the job is a serious problem.

CHILD STUDY CENTER - Ellicott City, Md.
Dr. Gertrude J. Justison, Coordinator

The Child Study Center, a pilot program of the Howard County Public School System, is a component of the special education program. The Center is funded from local revenues with a substantial amount of funds made available through state and federal agencies. The center is currently operating on a five-year plan to deploy 3 diagnostic and prescriptive teaching teams (teacher plus an aide) to three elementary schools each year for the purpose of training resource teaching teams as permanent staff in all the elementary schools in the county. In-depth evaluation (educational, psychological and medical) is available to all elementary public school pupils (from kindergarten to grade 3) with learning disabilities. There is a waiting list due to limitations of staff. The staff at the center attempts to identify and diagnose the problem and prescribe an intervention program to be administered by the resource teaching team at the child's school in cooperation with his home room teacher. The child may use the services of the resource team for part of the day until the problem can be managed by his regular teacher who is trained in the proper corrective procedures. The center provides in-service training to regular teachers so that they in turn can be sensitive to deviant children in their classes and begin to diagnose and prescribe remedial education techniques as a matter of course. The Center's role is to study deviant children, provide educational diagnoses and prescriptions and train others to provide these services throughout the public school system. Each child is treated individually and a program of intervention is trailored to his needs. The present emphasis of the Center is early identification and dynamic educational intervention in order to prevent the compounding of educational and emotional problems that may develop, if not remediated in the early school life of the child. There is need for more remedial reading teachers, a high-risk registry for potentially handicapped children with means and personnel for extensive follow-up and resources for obtaining and introducing new learning materials and techniques through training programs.

*Literature describing these facilities is available directly from the agency.

II - FACTUAL INFORMATION

HOWARD COUNTY DEPARTMENT OF EDUCATION* - Clarksville, Md.
Mrs. Nancy Zastrow, Supervisor for Special Education

The term *special education* is used to denote those aspects of an educational program for children and youth who are in need of additional or different services than those of the so-called *normal* population. If by reason of a physical, intellectual, social or emotional difference one cannot operate in the mainstream of regular education, different provisions must be available in an educational setting on a full or part-time basis so that opportunity to develop to the highest level of proficiency is given to all, regardless of the disability. Special education is an integral part of the total system of public education working in cooperation with regular education. Most of the extra cost for special education is funded by the state with the county paying only the average regular pupil costs or less. The aim of special education is to help a handicapped student in an appropriate educational setting geared to meet his specific needs. Every effort is made to return the students to the mainstream of regular education on a part or full time basis as soon as it is feasible. Some of the most pressing needs expressed were more time for in-service training for all teachers and orientation for new teachers, more teacher aides to enable the staffing of a whole variety of special classes with proper staff ratio to students, additional teachers (resource and classroom), school psychologists to work with groups of children and teachers, a high risk registry for early identification, early intervention (including pre-kindergarten) and additional speech therapists.

Secondary Service Agencies

DIAGNOSTIC AND EVALUATION CLINIC OF JOHNS HOPKINS UNIVERSITY
Baltimore, Md.
Dr. Dennis Whitehouse, Director

The Clinic is under the State Health Department and is funded on a per capita basis of $400 per patient and $200 per patient for follow-up. There are some fees charged as well. The basic services are free to all residents of Maryland who are unable to obtain suitable diagnostic services for their handicapped child through local facilities. The Clinic offers psychological, medical, sociological and neurological evaluation and some counseling. Since the state will pay for follow-up service only after one year from the original visit, it means that the Clinic cannot check up on the progress of the patient or the success of the recommendations during the first year. There is a need for more medical staff and an education resource person to help them. The waiting lists are long.

*Literature describing these facilities is available directly from the agency.

II - FACTUAL INFORMATION

CENTRAL EVALUATION CLINICS OF UNIVERSITY OF MARYLAND AT UNIVERSITY HOSPITAL - Baltimore, Md.
Dr. Raymond L. Clemmens, Director

The Clinic is funded by state monies in the same manner as the clinic at Johns Hopkins and is free to residents as described above. All patients must be processed through the County Health Department. It offers medical, psychological and sociological evaluation and does some counseling. Most people are referred through the Health Department or Department of Education. One of Dr. Clemmen's primary complaints was that there are not enough residential schools or foster care facilities for mentally retarded children. Long waiting lists and inadequate follow-up are major deficiencies since full staffing needs are not being met. The physical facility is in need of repair and modernization.

COLUMBIA HOSPITAL AND CLINIC FOUNDATION, INC. - Columbia, Md.
Dr. Henry Seidel, Medical Director

The Clinic is available only to residents of Columbia, federal employees residing in Howard County and persons employed by companies who are members of the pre-paid insurance plan. The Clinic is not designed to serve all residents of Howard County, therefore, it can only be responsive to its subscribers except in cases of emergency. For Plan members whose children have some kind of handicapping problem, the Clinic offers diagnosis, occupational therapy, physical therapy, home visits, rehabilitation and counseling. Since the Clinic is connected with Johns Hopkins Hospital, it utilizes their staff and facilities whenever necessary and also refers patients there for treatment. The Clinic would like to cooperate with other medical service delivery facilities such as a proposed County General Hospital and the County Health Department.

DEPARTMENT OF SOCIAL SERVICES - HOWARD COUNTY - Ellicott City, Md.
Mrs. Audrey Robbins, Director

This agency is funded by state, federal and local monies and by some fees through arrangement with the client. They try to help parents learn to deal with their problems and will offer counseling and recommend aid. They arrange for foster care, adoption and child custody. They need more staff and more funds for the placement of emotionally disturbed children in need of special help. Additional group homes are badly needed. They would like to be able to reach out in the community to those who need their services but who are not aware of them.

II - FACTUAL INFORMATION

CHILDREN'S AID AND FAMILY SERVICE SOCIETY* - Ellicott City, Md.
Mrs. Marguerite Pope, Director, Howard County Branch

The Society is a Community Chest agency, funded about 80% by local monies and the remainder from donations, endowments and small fees. The agency offers individual and group counseling and acts as a referral service. They arrange foster care for children, if necessary. Mrs. Pope would like to engage in more programs that would let the community know of their existance (due to lack of funds, the Howard County office of Children's Aid and Family Service Society is closing down).

DEPARTMENT OF PROBATION - HOWARD COUNTY* - Ellicott City, Md.
Mr. James Taylor, Director

This Department deals only with those children eighteen years of age or older who have gotten into trouble with the law. Mr. Taylor did not feel that mentally handicapped persons were processed through the Department. His strongest complaints were the lack of agents and the amount of clerical work required by agents thus reducing the time available for the necessary case work.

DEPARTMENT OF JUVENILE SERVICES
HOWARD COUNTY - Ellicott City, Md.
Mrs. Jane Smith, Director

Juvenile Services is a state funded agency that basically deals with *problem* children under eighteen years of age. Many of these children run away from home, become unmanagable by teachers and parents or become involved with law enforcement agencies for various reasons. People come to the agency through referrals by the police, the Department of Education, parents or other social agencies. They offer some mental counseling and social adjustment counseling, rehabilitation and arrange for placement outside the home. There is a need for more group homes, temporary emergency homes and for the community to make a special effort to accept and aid these children in adjusting to the schools and the community after having been in trouble.

Composite Service Agencies

There are several agencies that offer both primary and secondary services to clients. Therefore, they are listed separately:

*Literature describing these facilities is available directly from the agency.

II - FACTUAL INFORMATION

DIVISION OF VOCATIONAL REHABILITATION* - Ellicott City, Md.
Mrs. Marie Miller, Supervisor

Vocational Rehabilitation offers services to persons 16 to 60 with a physical or mental handicap in need of some kind of rehabilitation. The primary goal is to enable the individual to become self-sufficient. There are three trained counselors who will help the individual get counseling, education, training, physical or psychological therapy, artificial limbs, etc. The agency is funded by state and federal monies. If a person is unable to pay for a needed service, Vocational Rehabilitation will provide financial assistance. There is no waiting list and the duration of a case may last from one month to very long-term. The agency has a serious problem of finding means for transporting people to and from therapy and jobs. They cite the need for a sheltered workshop in the county.

HOWARD COUNTY HEALTH DEPARTMENT* - Ellicott City, Md.
Dr. Theodore Shrop, Director

This Department is partially funded by state and federal monies with most funds provided by the county and by some fees and donations. They offer medical evaluations, mental health counseling, psychiatric therapy, rehabilitation, family counseling, home visits and administer funds for Day Care Center for Retarded Children. There are various part-time doctors and thirteen full-time nurses. The Department needs more nurses, transportation facilities for clients, a speech therapist, psychiatrist, occupational therapist and more counsellors in general. They could use a branch office to serve the more rural areas of Howard County. Transportation of clients to the clinics is a major problem. They would like to expand the pre-natal and family planning programs and have someone working on long range health planning for the county.

BALTIMORE LEAGUE FOR CRIPPLED CHILDREN AND ADULTS
(National Easter Seal Society) - Baltimore, Md.

The League is a United Fund organization and receives most of its money from the fund and from the Society as well as fees and donations. It offers crippled individuals (some mentally retarded) diagnostic and evaluation services, referral services, physical, occupational, psychological, speech and hearing, vocational and recreational therapy and makes health equipment loans. There is also a sheltered workshop at the Baltimore facility. During the Summer they also operate a camp. They serve all ages for any length of time. Their major problems are in the area of transportation and in reaching all the people who could use their services.

*Literature describing these facilities is available from thea agency.

II - FACTUAL INFORMATION

Summary of Findings

A brief overview of our findings shows some important elements lacking in providing integrated and comprehensive services to the handicapped child and his family. For example, very few agencies consider the *total* needs of the whole child, such as his physical. mental emotional and social well-being. Most of the agencies specialize, offer only fragmented services and cater to limited age groups or handicapped persons in certain diagnostic categories. There is little direct linkage between existing agencies. Referral procedures and follow-up after treatment are fragmented leaving the burden of proper placement mainly upon the initiative of the parent. Para-professionals are rarely used to relieve case load on professional staff.

Most agencies were quite frank in discussing their needs, shortcomings and unfulfilled aspirations. Needs cited by nearly every agency were additional staff, more facilities, better parent involvement and transportation - the latter being the hue and cry for nearly every agency polled. Appendix F summarizes the data obtained from the Agency Survey questionnaire.

Extensive publicity for existing programs plus greater inter-agency cooperation frequently were mentioned.

The necessity for more planning and expanding facilities to accommodate those presently on waiting lists were repeated in many interviews – reflecting the frustration and inadequacy many administrators feel at present, due to lack of space, personnel and money with which to meet present demands – let alone those of the future.

Twelve agencies cited a critical need for additional professional personnel: psychiatrists, pediatricians, therapists, nurses, teachers, social workers. These twelve agencies included the County Board of Education, The County Health Department, the County Department of Social Services, The Children's Aid and Family Service Society, Johns Hopkins Diagnostic and Evaluation Clinic, Central Evaluation Clinics of University of Maryland, Department of Probation, Maryland School for the Blind, Howard County Day Care Center for the Retarded, School for Contemporary Education, Henryton and the Maryland School for the Deaf.

Clerical help was desired by four local agencies: the Board of Education, Department of Social Services, Vo-Tech High School and the Health Department. Additional clerical staff would free some professionals from routine work which curtails their professional output.

II - FACTUAL INFORMATION

Transportation for the handicapped has emerged as a major need in the interviews. Clients cannot get to agencies for help. They cannot get to employment opportunities due to lack of public transportation and often remain on the public rolls indefinitely. Many clients and patients cannot avail themselves to existing programs due to lack of transportation; e.g. Springfield Hospital would serve as a day care center for mental out-patients from the western part of Howard County, *if* someone could arrange to transport the patients to Springfield daily.

Among the agencies whose clientele is seriously hindered or lessened in number due to lack of transportation are: Vocational Rehabilitation, Gateway Preschool, Henryton; Easter Seal; School for Contemporary Education; Delray Developmental Center; Linwood; Springfield Hospital; Vo-Tech High School; Department of Social Services and County Health Department.

Although the Howard County Health Department would like to expand its services and facilities, two other agencies; the Columbia Hospital and Clinic and the Johns Hopkins Diagnostic and Evaluation Clinic also expressed a desire to see the Health Department expand its services to the handicapped. The Columbia Clinic wants to expand its services to include county residents outside of Columbia, but its staff see a real need for a general hospital in Howard County as well.

Springfield Hospital would also like to expand its present facilities, including a building that would be devoted to serving drug addicts, since no such facility presently exists at the hospital. The Maryland School for the Deaf; Henryton Hospital; Contemporary School for Education; Delrey Developmental Center; Gateway Preschool and Howard County Day Care Center for the Retarded are in need of expanded facilities.

Personnel and facilities were not the only budgetary needs of the agencies surveyed. School for Contemporary Education would like state aid funds to be available to all children who attend. The Department of Social Services would like more monies with which to place emotionally disturbed children in effective (but costly) schools. Gateway Preschool and Maryland School for the Blind also specifically requested funds for programs and students.

The concept of early identification of high risk babies, and establishment of a central birth registry, so as to plan in advance for these handicapped youngsters were frequently cited by respondents in the interview survey. These youngsters could be helped not only by urgently needed special education programs (in the private and public schools) but also in programs involving parents. The high risk registry and involvement of parents were points especially emphasized by the Univerity of Maryland Diagnostic and Evaluation Clinic, the Diagnostic and Evaluation Clinic of Johns Hopkins Hospital; the Child Study Center and Department of Special Education.

II - FACTUAL INFORMATION

Programs for the multi-handicapped were proposed by the two D/E clinics, since they encounter youth with multiple handicaps, but too often, a school or special program is geared to handle one handicap only. Our Census Survey in the county, as well as other studies have shown that handicapped children usually have 2 or more handicapping conditions.

More residential facilities, day care centers and foster and group homes are needed in order to meet present needs as well as future ones.

The services, programs, goals revealed in the 25 agency interviews could best be enhanced by a comprehensive agency which could serve as a means of communication, coordination, and cooperation among these agencies. Through this liason, new combined services might be instituted, overlapping and duplication could be lessened, and the local need for additional staff and facilities might be alleviated. Our recommendations in the next section reflect some of these concerns.

III - RECOMMENDATIONS

Based on the work of the Commission, the following recommendations are made to improve services for handicapped children in Howard County:

> **1. The County Executive take the necessary steps to *establish a Human Services Services Agency* under the existing Administrator to expand the functions of human services delivery to county citizens in distress.**

A bill to establish the position of Human Services Administrator was passed by the County Council 1970 Legislative Session (Bill No. 19 of 1 June 1971) and is included in Appendix G. The next logical step is to create a small staff of consumer-oriented personnel to assist the Administrator in his task. Such an agency should provide liason, planning, coordination and follow-up with citizen advisory and advocate groups, public agencies and private organizations and established commissions in the area of delivery of human services for aged persons, handicapped persons, youth in trouble, persons discriminated against because of race or religion and persons in poor economic circumstances; and assist in designing a master plan for development implementation and expansion of human services to all persons in the county where such needs are not currently met, utilizing state and federal funds to the maximum extent available.

> **2. The County Executive direct the Human Services Administrator to *establish an Office for the Handicapped* within the proposed Human Services Agency.**

The Office for the Handicapped would perform the following initial functions:

a) Provide an *information and referral service* and follow-up assistance for all handicapped and other persons in need of help, utilizing the voluntary and partially paid assistance from the presently established County Association of Community Services.

b) Establish an *executive emergency fund* of $5000 to be matched equally by private community funds including Community Chest and UGF to permit the expenditure of small amounts of money (up to $100 or $200 for a given situation) to purchase stop-gap services and supplies until full help can be obtained from the responsible agency. Reimbursement of monies advanced should be sought from responsible agency to replenish the revolving emergency fund. Deficits should be absorbed yearly by the county.

c) Cooperate and assist in the establishment of an *educational and public relations office* for informing the public on the nature and treatment of handicapping conditions and what services are currently available and what needs to be done to improve and expand such services. Such a program could develop and be contained in the Howard County Community College and be manned by volunteer

student help in cooperation with the County Association for Special Education and CASE, Teen Auxiliary (CTA). Resource materials would be furnished by the Human Services Agency. Channel 67, Maryland's publically supported TV station, should be utilized to the maximum for this purpose. The Howard County Public Library should also be encouraged and supported to expand its current book collection on child development and the exceptional child. [7]

d) Assist in the establishment of a *high risk register* for babies born with handicapping conditions. The County Health Department in cooperation with agencies and organizations for the handicapped should maintain the registry.

e) Since an initial start has been made by the Commission, *expand the County Census Survey* to include a complete census on human service needs. A simple survey card (for data processing) could be sent out with the yearly tax bill.

> **3. The County Executive direct the Human Service Administrator to mobilize youth and other citizens to aid handicapped and other persons in need by *establishing a Community Service Corps.***

These citizens would provide direct help to families, schools, hospitals, residences, half-way houses, recreational facilities, social adjustment activities, vocational rehabilitation facilities, etc. Until such time that Howard County develops a viable transportation system, the Corps could provide such emergency services. The preliminary details of organizing a Community Service Corps are contained in Appendix H.

> **4. The County Executive direct the Human Service Administrator, in cooperation with the Department of Social Services to *develop and implement a broad plan of social adjustment and family assistance for the handicapped and their families.***

Services provided to handicapped children should emphasize supportive help to the family to allow full utilization of family resources (psychological, social and economic) in the habilitation or rehabilitation of the child. [8]

Some of the programs that need specific attention are:

a) Training and counseling programs for parents of the handicapped be made more comprehensive in nature.

b) The program be expanded of educating the public in acceptance of and cooperation with the handicapped.

III - RECOMMENDATIONS

c) Temporary boarding for handicapped children.

d) Home-management assistance for parents.

e) Baby-sitting services for parents of handicapped children.

f) Emergency transportation services for families with handicapped children.

g) Big brother and sister companionship for handicapped children.

h) Adult companionship for handicapped children.

> 5. The County Executive direct the Human Services Administrator, in cooperation with other appropriate departments, to *develop a community plan for providing a variety of small specialized residences* to meet the needs of certain handicapped children.

One of the findings of the President's Advisory Committee on Mental Retardation[9] was that services and facilities for the handicapped, including custodial care, must be in full view of local citizenry at all times to insure that personal and humane treatment is given under conditions approximating normal living, as near as is feasible. The very few numbers of persons requiring continual custodial care should be placed in small home-like settings. Each setting should cater to an appropriate age range so that specialized care can be given with maximum effeciency and safety.

Howard County is in desperate need of a variety of residential facilities for handicapped:

a) Foster care homes

b) Half-way houses

c) Community residences

d) Custodial nursing homes

e) Temporary residences

f) Residential facilities at special non-public schools

g) Residential camps

Community organizations involved with the handicapped should be consulted in the development of the plan, including budgetary requirements and apportionment

of costs that would have to be borne from general revenues of the county, state and federal governments.

> 6. The County Executive request the County Council to enact legislation to *provide matching local funds for operation of a Sheltered Workshop* in the county.

In the field of habilitation, one cannot speak of a child without giving thought to his youth and adult life.

"Work means financial independence. In this society, work is also crucial to the individual's self-concept and to his social status. Proper training and placement rank among the most important services any community can provide. . . ." [10]

There are at least 120 youth and young adults who have received vocational habilitation training through the county office of the State Department of Vocational Rehabilitation who are unable to find gainful employment in competitive industry but would be able to work under sheltered conditions. Fortunately, two new resources have been added to the community since the Commission has begun its deliberations which could markedly alter events of the past. These include an *Activity Center* and a *Sheltered Workshop.*

The Howard County Association for Retarded Children, in cooperation with the County Health Department has secured the intial funding of FY '72 establishing an Activity Center for the severely retarded youth. This Activity Center will provide the severely mentally retarded and other developmentally disabled who are incapable of consistant productive work with a wide variety of activities offering opportunities for work skills, mature social living and better use of leisure time. A whole variety of purposeful activities, including hobby development, craft work and social events will be provided. In some cases, these meaningful and challenging experiences enable these handicapped persons to engage in limited work activity that may be increased with time. Since funds for the facility are supported on a participating grant basis from the Office of Directorate of Mental Retardation, the Commission strongly supports that this line item be maintained in future budgets as may be required.

The Sheltered Workshop in Howard County is in the stages of its embryonic formation under the ageis of the Howard County Workshop, Inc. Seed money was raised by the Columbia Rotary in Cooperation with the County Association for Special Education to augment funds of a planning grant recently received from U.S. Department of Health, Education and Welfare through the efforts of the State Department of Vocational Rehabilitation. These monies will permit the hiring of professionals to assist in setting up a viable workshop in the community, responsive to handicapped clients, using industrial resources available. The Sheltered Workshop

differs substantially from the Activity Center described above in that it caters to all handicapped persons, mentally, emotionally, physically and socially, who are able to benefit from a work experience and receive individualized training in a controlled environment to progress toward normal living in a productive vocational status [11]. It offers the habilitation or rehabilitation of handicapped individuals in a work-oriented environment with the opportunity for self-sufficiency within the shop itself or in preparation for a job on the outside. Since these workshops must employ supportive specialists and be run as a profitable business, they usually take time before they can become completely self-sufficient by reaching the *"break-even"* point. Therefore, a mechanism must be developed to insure partial community support until this point is reached. A detailed proposal for such legislation will be forthcoming from the Workshop directors.

> 7. The County Executive request the County Council to enact legislation for the county to become the *employer of last resort for handicapped* youth and adults unable to obtain private employment.

There are many clerical, messenger, custodial and aide jobs in the county government that can be performed by handicapped persons. In certain instances, handicapped persons with proper training are unable to obtain private employment for a variety of reasons and circumstances. The County Council is urged to study the feasibility of reserving an appropriate number of local civil service positions for employing the handicapped and then enact legislation to insure that such jobs are made available to the handicapped.

> 8. The County Executive request the County Council to adopt legislation to amend local building codes to *remove architectural barriers in all public buildings* which prevent access and use by physically handicapped and aged persons.

It is recognized that handicapped persons are physically prevented from using public facilities because of artificial barriers interfering with access. There are barriers everywhere, unnecessary obstacles to mobility that prevent physically impaired persons from leading busy, happy lives.[12] Steps in lieu of ramps, doors too hard to open, narrow aisles in restaurants and theaters, telephones and water fountains out of reach, lack of elevators in multistory buildings, no swing platforms of buses, thoughtlessly designed playgrounds are a few of the constraints that cause a physically handicapped person to become dependent on others, instead of being able to shift for himself. Architectural standards have been promulgated at the state and national level to provide access by all citizens to public facilities[13], especially those persons in wheelchairs. Local building codes need to be tightened up to reflect the intent of state and federal standards.

III - RECOMMENDATIONS

9. The County Executive request the County Health Department to submit to the County Council a *5-year plan for coordinating medical services* for handicapped children in the county.

The plan should encompass the following:

a) Develop and maintain a high risk register for new-born children and children under the age of 5, requiring all attending physicians to record birth defects and unusual pre-natal and post-natal conditions that have high probability in causing handicapping conditions. Follow-up examinations on a yearly basis would be required to determine if handicap develops (FY '72, '73).

b) Act as a clearing house for physicians, educators, parents reporting unusual development in a child for making immediate examinations or referrals to appropriate diagnostic facilities for a comprehensive work-up on the child without regard to ability to pay (FY '72, '73).

c) Enlist the services of a team of para-medical specialists: an educational psychologist, diagnostic and prescriptive teacher, social worker, recreation specialist and rehabilitation specialist to augment the medical evaluations at diagnostic facilities if such services are not already provided. These resource persons should be assigned to the Health Department by the cognizant agency involved. All agencies concerned with providing services for the child should be alerted to his needs, including the Human Services Agency, who would oversee that necessary human services are delivered in the areas of community support, social adjustment and family assistance (FY '73, '74).

d) Develop a mechanism for utilizing medical services at Columbia Clinics to provide care to county residents who are unable to qualify for such care through existing group insurance plans or who are unable to obtain essential services through the Health Department until additional hospital services are established (FY '73, '74).

e) Encourage and support the community and the Howard County Medical Society in the establishment of a County General Hospital to provide additional medical services to accommodate the growing population (FY '73 - '77).

f) Systematize and define in functional terms, the types of handicap found that will permit educators, psychologists, therapists, Community Service Corps personnel, lay persons, helping para-professionals and parents to act on this information in developing long-term habilitation techniques.

III - RECOMMENDATIONS

Based on the prediction that a National Health plan will be a reality in the next few years (several such bills are currently pending in Congress), we in Howard County should take the initiative in developing mechanisms, seeking funds and evolving imaginative and improved systems for health care delivery.

> **10. The Board of Education direct the Superintendent to prepare a *5-year plan to meet current and long range needs* of handicapped children in the county.**

Public education is the heart of the system providing major remedial services to handicapped children. Once medical management of the handicapped child is on-going or under control, the major thrust of educating, training and socializing the child is the function of special and regular education in the public schools. Although we have exemplary special education services in the county school system, several deficencies exist that need to be corrected, if we are to prevent significant numbers of children falling by the wayside.

There are three categories of need that must receive immediate and continuing attention by the Superintendent of Schools and the Board of Education in order to insure adequate delivery of educational services to all ages of the handicapped children population:

a) Pre-Kindergarten Program

b) Early Identification - Early Intervention

c) Teacher Aides

Pre-Kindergarten Program **- It is essential that a pre-kindergarten program be developed for identified handicapped children in cooperation with medical management provided by the Health Department. The program should start at age 3, utilizing parental assistance for child management in the classroom. Specialized training should be provided to the parent and child in their home setting to maximize the benefit of early intervention. The funds for these programs are available under state aid.[14]**

Early Identification - Early Intervention **- Pre-kindergarten and screening of all pupils to determine needs should be mandatory in the public school system, Any child not performing at his developmental level, either above (gifted) or below should be reported to the Supervisor for Special Education in order to develop a prescriptive program for that individual child. The kindergarten teacher (with some additional training) in cooperation with a speech therapist, special teacher and educational psychologist could readily do the screening and intervention, using ability assessment scales and curriculum guides specifically developed for this**

purpose. Necessary staffing should be provided to the Child Study Center to oversee this important program.

Teacher Aides - A training program for special education teacher aides should be evolved at Howard Community College, using the nucleus of the Community Service Corps (recommendation 3, above). These aides could perform a multiplicity of functions leading to *career-bound* opportunities. They can assist in screening, in resource rooms, in providing supportive help to teachers in regular classrooms, on the playground, in arts and crafts, on buses, during crisis intervention and in a variety of special class situations. The cost for these aides would be substantiallyless than the marginally paid aides currently hired and most of these costs would be defrayed by state aid funds available for the handicapped. The utilization of the proposed Community Service Corps will have many side benefits in helping youth accomplish self-rewarding, socially redeeming, useful work and encouraging college studies in related areas of experience.

The County Association for Special Education has been extremely active in promoting programs for the handicapped; they have submitted to the Board of Education over the past two years, a series of detailed recommendations for meeting some of the short and long-term needs for handicapped children. It is urged that the proposed 5-year plan reflect the inputs from CASE, Howard County Association for Retarded Children, Howard County Association for Children with Learning Disabilities and local Council for Exceptional Children.

A detailed study should be made of the model for providing total human services and child advocacy using school-based facilities, currently being developed jointly by the Bureau of the Education of the Handicapped and the National Institute for Mental Health. [15, 16, 17] Inclusion of certain relevant aspects of the aforementioned model should enhance the proposed plan.

> 11. The Board of Education direct the Superintendent to establish *additional public school classes, as required, for all handicapped children* able to attend.

More public school classes and resource personnel for handicapped children, in all categories should be added as rapidly as the need arises since the state defrays substantially all extra costs to the county. This requirement includes pre-kindergarten classes through high school. At the present time, local colleges are expanding their training programs in special education and enrollments are growing. Therefore, more trained special education teachers are becoming available.

> 12. The Board of Education direct the Superintendent to *utilize the Student Junior and Student Senior Aides* of the Community Service Corps (Recommendation 3) for resource support to handicapped children.

III - RECOMMENDATIONS

Utilize proposed Student Junior and Student Senior Community Service Aides in the school system to provide individual support to a handicapped child in a regular or special class wherever feasible. Some children who may require a very low pupil-teacher ratio cannot be maintained in public schools at this time. The cost of this aide program could be borne completely by excess state aid funds (under existing law) which would cover the pay for a student (to include his scholarship costs) as described in Recommendation 3. Such individualized programs, because of the higher staffing ratios, would require State approval prior to implementation. We have been assured at the State level that this approach is entirely proper and feasible. The total cost of this program to the county would only require the standard per pupil contribution as is now provided for the regular school child. It is urgent that this vital human service be implemented promptly. It can no longer be delayed.

> **13. The Board of Education direct the Superintendent to *defray the entire cost of education for handicapped children attending private schools* where the Department of Education is unable to provide instruction to meet the needs of certain pupils in the public school.**

Revise the present county formula for providing aid to handicapped children attending private schools (if county is unable to provide for instruction in the public school) to defray the *entire* cost since, in most instances, state aid pays the majority of costs incurred. This has been an item of continuing discussion between the Board of Education and the County Association for Special Education (CASE). It is abundantly clear from recent fiscal information available from state and county sources that these handicapped children attending private schools impose no additional financial burden on the county when the total costs are averaged.

> **14. The Board of Education direct the Superintendent, under appropriate State Aid, to *expand facilities, programs and personnel to serve the educational and training needs of a large range of developmentally disabled children* who are able to benefit from a day program and live at home.**

The Department of Special Education should expand its facilities to provide programs and personnel for servicing a variety of developmentally disabled children in a highly specialized educational setting. A comprehensive educational and medical assessment (utilizing the cooperative services of the D/E clinics at Johns Hopkins Hospital, University of Maryland Hospital and the Columbia Clinics for local medical management under the coordination of the County Health Department) should be made for sufficiently long periods (up to one school year). Staffing should include Master Teachers to form teams of experts in the areas of visual, audio, motor and language perceptual skills, child development and

behavioral sciences. Community Service Aides (see Recommendation 3) should be utilized to augment the staff and permit supportive help to the children on a one-to-one basis if necessary. The purpose of such an intensive diagnostic service would be to study deviant children, develop an individual program for instruction, place children within the school system in regular or special classes with supportive help (aides) or in very rare cases, assist, with parent consent, in placing the child in an appropriate private facility. The Child Study Center could play an important role in the development of the proposed expanded program. Under the present interpretation of the existing Public School Laws of Maryland (Article 77, Section 100) additional excess State Aid is available to defray the costs of these expanded programs. It is expected that appropriate public school programs which allow the handicapped child to remain in his community will cost substantially less than the private school programs currently used.

> 15. The Board of Education, in cooperation with the State Department of Vocational Rehabilitation, direct the Superintendent to *provide additional and innovative vocational training to handicapped children.*

At the present time, too little pre-vocational and vocational opportunities are given to trainable and educable mentally retarded and developmentally disabled children. The Vocational-Technical High School should be made available to all these children under special instructional arrangements using vocational rehabilitation specialists augmented by sufficient Community Service Aides to provide the necessary human support. Training should tie in to eventual employment in the Sheltered Workshop.

> 16. The County Executive request the Department of Vocational Rehabilitation to *convene a yearly seminar to promote employment of the handicapped* in the county.

Representatives of government agencies and private organizations concerned with habilitation of the handicapped and all potential employers in the county should be invited to the seminar and be charged with the task of providing a realistic employment program to all handicapped persons who can work.

More in-plant, on the job training programs should be encouraged. In such programs, industry provides training on the premises. Successful projects of this nature have been conducted for epileptics by Epi-Hab, Inc. in Los Angeles, and for the mentally retarded. The U.S. Department of Labor has issued a contract to National Association for Retarded Children in the amount of over $222,000 to provide for on the job training opportunities for 477 retarded persons in Maryland, New Jersey, Texas and Washington.

III - RECOMMENDATIONS

Job placement and follow-up, both in the Sheltered Workshop and competitive industry would be stimulated by such yearly seminars.

> **17. The Chief Executive request the Departments of Health, Education and Social Services to *study the proposed model of service delivery* and *devise a workable system* for the county, including means of cost-accounting for inter-agency transfer of services.**

The proposed model for delivering total comprehensive services for handicapped children revolves around an appropriate coordinating agency having primary cognizance over the child at each critical stage in his development. It appears logical to have medical management during infancy, educational management during early childhood through adolescense, vocational management during youth to adulthood and social management in the community after reaching maturity as shown in Fig. 3. Each cognizant agency would act as a broker on behalf of the child, assuring that the full range of human services are made available, the cognizant services being furnished by the agency and other supporting services purchased by the agency. Figures 4 through 8 inclusive show range of services, resources and funds available to each cognizant agency. The parent or the Human Services Administrator would act as advocate, catalyst and exchange agent to insure delivery of necessary services to the child. A voucher system or other cost-accounting system would be devised where each agency or agent furnishing services would develop a unit system of credits which belong to the child and may only be used on his behalf. It is believed that with computerized bookkeeping and a credit card system, a method of interagency transfer of services could readily be put into operation.

In addition to furnsishing or purchasing services for the child under its primary cognizance, each agency involved in the Model would also provide the entire range of necessary specialized services upon request of the primary cognizant agency responsible for the child at his particular stage in his development. The primary cognizant agency would also have the option to purchase services elsewhere, if those available in the county are deemed inadequate by the agency or the parent of the child.

It is essential, of course, that the budget available is equal to at least that portion of total revenue that bears the same relationship as the percentage of handicapped children of the total children population. With good public relations and public information, a greater proportionate share of the general revenue could be made available for helping the handicapped, if necessary.

We, the Commission, believe that the time and means are at hand for the handicapped to become an asset to the community in terms of self-support, self-respect and ultimately, self-sufficiency.

III - RECOMMENDATIONS

18. The County Executive request the Departments of Recreation and Education, in cooperation with the Human Services Administrator, to *devise and implement a comprehensive recreation program for handicapped children.*

Recreational services for handicapped children are beginning to be provided in Howard County. The Children's Physical Development Clinic, sponsored by the Department of Education [18, 19] and patterned after Dr. Warren Johnson's Clinic at University of Maryland, provides clinical physical education for improving coordination and motor skills of exceptional children. The clinic offers three one hour per week sessions (Saturdays) at several public school gymnasiums, a one-to-one opportunity for a child to engage in non-competitive play for personal improvement in overall body function. This is an excellent program and means should be devised to move this program into the regular school system so that handicapped children participate more frequently. This may be feasible by establishing a team of clinicians (from the proposed Community Service Corps) in every school to work with the regular physical education instructor. Some in-service training will be required for the teachers. In this way, small groups of handicapped children could receive these important services several times per work, during the school year.

The CASE-Columbia JayCees Swim Club provides free clinical swimming instruction to handicapped children on Sundays at the Wilde Lake Village Pool in Columbia. The program is on-going during the school year.

The Howard County Retarded Association sponsors a Cub Scouts program for trainable boys in the public school system and a Craft Night for retardates 12 years of age or older.

The CASE Teen Auxiliary sponsors parties, outings, picnics and group events for handicapped children several times per year.

The public school system also operates a summer program (six weeks, half-day) for handicapped children with partial funds previously made available by the County Recreation Department. It offers a wide range of recreational and learning stimulation opportunities in arts and crafts, rhythm, dance, singing and clinical physical education, including group games and swimming.

The extension of this type of program on a year-around basis, providing a whole range of recreational activities at various community centers, open two hours every evening of the week, should be planned. Special programs, utilizing occupational and physical therapy aides are needed for certain catagories of handicapped children. These programs are completely feasible by making Community Service Corps Aides available for supportive staffing.

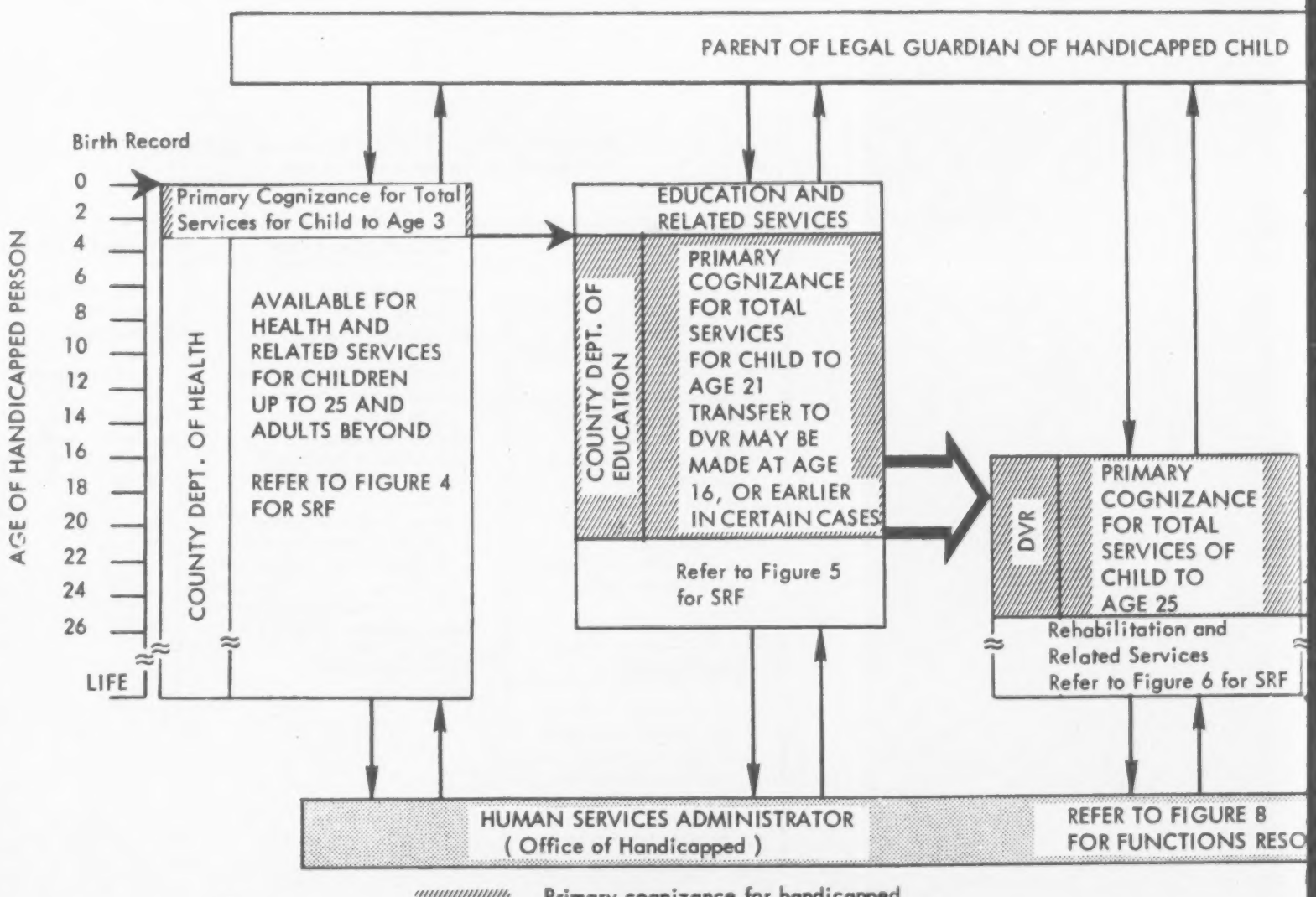
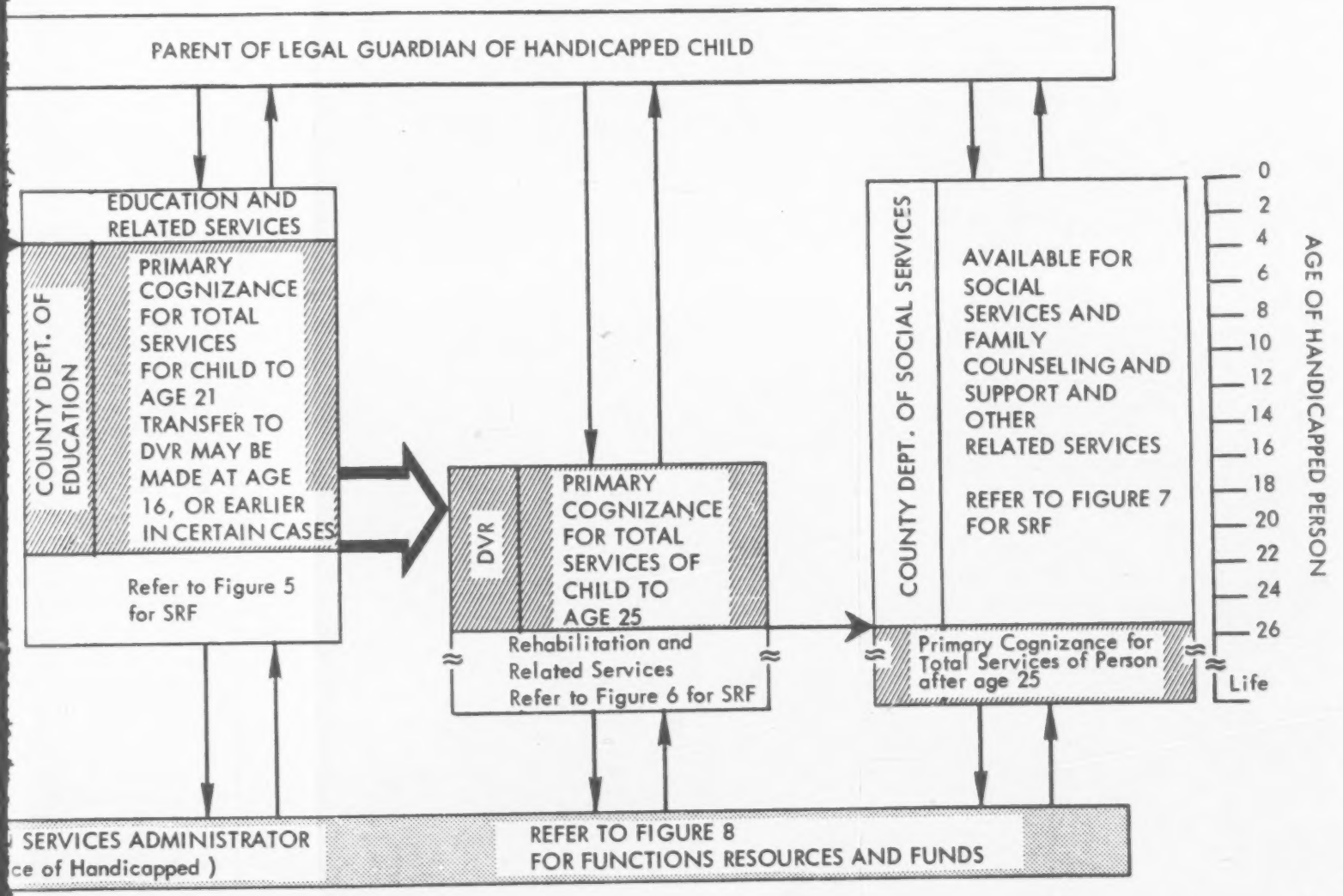

PARENT OF LEGAL GUARDIAN OF HANDICAPPED CHILD
Birth Record
AGE OF HANDICAPPED PERSON
0
2
4
6
8
10
12
14
16
18
20
22
24
26
LIFE
Primary Cognizance for Total Services for Child to Age 3
COUNTY DEPT. OF HEALTH
AVAILABLE FOR HEALTH AND RELATED SERVICES FOR CHILDREN UP TO 25 AND ADULTS BEYOND
REFER TO FIGURE 4 FOR SRF
EDUCATION AND RELATED SERVICES
COUNTY DEPT. OF EDUCATION
PRIMARY COGNIZANCE FOR TOTAL SERVICES FOR CHILD TO AGE 21
TRANSFER TO DVR MAY BE MADE AT AGE 16, OR EARLIER IN CERTAIN CASES
Refer to Figure 5 for SRF
DVR
PRIMARY COGNIZANCE FOR TOTAL SERVICES OF CHILD TO AGE 25
Rehabilitation and Related Services
Refer to Figure 6 for SRF
HUMAN SERVICES ADMINISTRATOR
(Office of Handicapped)
REFER TO FIGURE 8 FOR FUNCTIONS RESO
Primary cognizance for handicapped child at specified stage of development
Each dept. provides a full range of specialized services to all children in in need as requested by agency having primary cognizance of the child
SRF Services, Resources and Funds
DVR Dept. Vocational Rehabilitation
A cost accounting system is proposed to transfer credits to agency providing services to the child

FIGURE 3 - MODEL SERVICE DELIVERY PLAN (PROPOSED)



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rvices to the child

FIGURE 3 - MODEL SERVICE DELIVERY PLAN (PROPOSED)

Primary Cognizant Agency for Total Services for Handicapped Child
from Birth to less than 3 Years of Age

COGNIZANT SERVICES	RESOURCES AVAILABLE	FUNDING SOURCES
High risk register Pre-natal care Post-natal care Genetic counseling Diagnostic and evaluation services Medical intervention Yearly follow-up Family management and assistance Providing auxiliary professional services Alerting all appropriate agencies of the problem for supportive help	In-house medical services D/E clinics at Hopkins, Maryland and Columbia Human Services Administrator Proposed Community Service Corps Aides Dept. of Education Dept. of Social Service Dept. of Vocational Rehabilitation Other local and state agencies specializing in a particular handicap, like blindness, deafness, cerebral palsey, etc. Community Services Organizations State Department of Health and Mental Hygiene Community College Parents	County revenue State funds Federal funds Fees Insurance payments Donations Proposed inter-agency credits Possible special taxes United Giver's Fund
OTHER SERVICES		
Act in all matters of health and medical management of any child referred by primary cognizant agency, including Activities and Day Care Centers and training of professionals and aides		

FIGURE 4 – DEPARTMENT OF HEALTH

Primary Cognizant Agency for Total Services for Handicapped Child from 3 to 21 Years of Age

(In some cases to 16 years upon release to Vocational Rehibilitation)

COGNIZANT SERVICES	RESOURCES AVAILABLE	FUNDING SOURCES
Pre-School training Educational diagnosis evaluation and remediation Transportation Prescriptive teaching Academic skills Vocational skills Recreational skills Social skills Remedial physical development Proposed therapeutic art and music Parent education Home bound services Special education classes Resource teaching and crisis intervention Summer programs Enrichment programs Alerting all appropriate agencies for supportive help	Public school system Child Study Center Specialized personnel Private schools Physical Development Clinic County Association for Special Education Howard County Association for Retarded Children Howard County Association for Children with Learning Disabilities Jaycees Swim Club CASE Teen Auxiliary Human Services Administrator Proposed Community Services Corps Dept. of Health Dept. of Vocational Rehabilitation Dept. of Social Services Other local and state agencies specializing in particular handicapping conditions Community Service Organizations State Dept. of Education Community Action Council Community College Parents	County revenue State aid Federal funds Title 3 and Title 6 Head Start Donations and contributions Proposed inter-agency credits Special federal grants
OTHER SERVICES		
Act in all matters of education, training, placement, family management of a child referred by primary cognizant agency Provide training of professionals and aides		

FIGURE 5 - DEPARTMENT OF EDUCATION

Primary Congnizant Agency for Total Services for Handicapped Child
from 16 to 25 Years of Age
(In some cases, hold by Department of Education until age 21
may be appropriate)

COGNIZANT SERVICES	RESOURCES AVAILABLE	FUNDS AVAILABLE
On-the-job training Work adjustment training Work evaluation Development of skills Psychological services Medical assistance Artificial appliances Guidance and counseling Job finding and placement Tools, equipment, and licenses Job follow-up Transportation Alerting all appropriate agencies for supportive help	In-house services Activities Center Sheltered Workshop Local Industry Human Services Administrator Proposed Community Service Corps Aides Dept. of Health Dept. of Education Dept. of Social Services All local and state agencies specializing in a particular handicapping condition Community Service Organizations State Dept. of Vocational Rehabilitation Vocational-Technical High School Community College Parents	State aid Federal funds Fees Insurance Community donations and contributions United Giver's Fund Proposed inter-agency credits Possible special taxes
OTHER SERVICES		
Act on all matters relating to vocational training and rehabilitation of any child referred by primary cognizant agency and training of professionals and aides		

FIGURE 6 - DEPARTMENT OF VOCATIONAL REHABILITATION

Primary Cognizant Agency for Total Services for Handicapped Person
Over 25 Years of Age

COGNIZANT SERVICES	RESOURCES AVAILABLE	FUNDS AVAILABLE
Counseling Family management Social adjustment Community living Recreation Placement in community residences Foster care Community acceptance Legal services	In-House services Human Services Administrator Proposed Community Service Corps Dept. of Vocational Rehabilitation Dept. of Education Dept. of Health Community College Agencies specializing in particular handicapping conditions Community Service Organizations Community College State Dept. of Social Services Neighborhood Centers Churches and Synagogues Interface House Parents	County revenue State funds Federal grants Fees Donations Proposed inter-agency credits Possible special taxes
OTHER SERVICES		
Act on all matters relating to social services and family support of any child referred by primary cognizant agency and training of all professionals and aides		

FIGURE 7 - DEPARTMENT OF SOCIAL SERVICES

Advocate and Implement Service Delivery from Primary Cognizant Agencies for Handicapped Child Throughout His Development

FUNCTION	RESOURCES AVAILABLE	FUNDS AVAILABLE
Information and referral Liaison with community advocacy Problem solving Emergency help Parent support Long range planning Implementing new services Census survey	Proposed Community Service Corps Community Service Organizations All county agencies Community College Agencies specializing in particular handicapping conditions Parents Entire community structure	County revenue Proposed executive emergency fund Donations and contributions United Giver's Fund Proposed inter-agency credits Possible special taxes

FIGURE 8 - HUMAN SERVICES ADMINISTRATOR

III - RECOMMENDATIONS

Emphasis should be placed on providing individual support to handicapped children to permit them to participate in regular 4-H, Scouts and other group activities. Facilities are needed for day summer camps and residential summer camps.

Recreation is the great socializing force that helps the handicapped child remain visible in the community and be involved in the mainstream of society. A unified program is necessary to accomplish these goals. Service clubs are ready and willing to help.

> **19. Howard Community College, in cooperation with the State Department of Education and other local colleges and universities, *explore the entire problem of training, certification and placement of personnel* in the helping professions of the handicapped.**

The Commission was unable to fully explore this aspect of the problem. It is known that certifications in the health, teaching, social services, rehabilitation, and recreational professions are unnecessarily rigid and do not recognize the full value of para-professionals and aides. Additional specialized training and sensitivity are required to work with the handicapped.

The Howard Community College is now in process of training persons entering nursing and health professions, child care and mental health. Some aspects of these programs should tie into the Community Service Corps (Recommendation 3) so that an upward bound, career ladder be established to encourage young people to gain practical experience and make meaningful contributions while pursuing their studies.

> **20. *A Citizen's Advocate Board for the Handicapped* be established to supercede the Commission as an on-going consumer-oriented body to assist the community in implementing the recommendations of the Commission and determine additional enabling legislation needed at the state level.**

The Commission was unable to fully explore legislative aspects of the problem, although it is known that enabling legislation on the state level is needed to:

a) Permit handicapped children to enter certain licensed professions like practical nurses and cosmeticians.

b) Develop a model school law for mandatory education and training of handicapped children in all diagnostic categories with the view of closing all existing loop-holes which prevent proper and timely delivery of total comprehensive services.

III - RECOMMENDATIONS

c) Provide supplemental income payments to handicapped adults (federal).

d) Enforce architectual codes for public buildings, providing access to the handicapped.

e) Provide supplementary state aid to local Community Service Corps.

f) Provide supplementary state aid for recreation for handicapped.

g) Continually upgrade Howard County to become affiliate component of an Area Comprehensive Community Mental Health Center.

The chairman of the proposed Citizen's Advocate Board should be kept informed of all actions and plans by the County Executive for carrying out the recommendation of the Commission. The Board, in turn, will continue to assist the county government and all interested agencies and persons in the community to work toward total comprehensive services for handicapped children.

IV - SUMMARY AND CONCLUSIONS

The Commission studied a myriad of informative documents to gather further insight and understanding of the problems of delivering total comprehensive services to handicapped children. A partial list of selected readings are included in Appendix I for those persons who are interested in further study.

The recommendations that have been set forth, we believe, are practical and feasible and accurately reflect the needs of handicapped children in Howard County taking into consideration the many excellent programs and facilities that have been already established. The overall thrust of our efforts was based on the well-established and most widely accepted principle of *normalization*[20] where the handicapped are entitled to live their lives as close to normal as is possible and that all existing and proposed programs be directed to achieve this goal.

We, the Commission, support the philosophical concepts, enunciated below, which should guide the development and implementation of our recommendations.

a. It is recognized from the outset that any broad based community program to provide the total services necessary to habilitate the *whole* child depends in a large measure on getting supportive help to the child's family to encourage maintenance and support in the child's own home or in extraordinary circumstances where the child is not able to be maintained in the home, to give the same support to the child's guardians.

b. It is recognized that handicapped children have the greatest chance of success when appropriate intervention is begun as early in life as is feasible and continues most vigorously through his school years.

c. It is recognized that most handicapped children are capable of habilitation (if born with the handicap) or rehabilitation (if after a normal period of life, a handicap occurs) to a point where self-sufficiency is possible in the great majority of cases. Partial self-sufficiency is feasible for about 10% of the cases and custodial care is required for only a few percent of the total.

d. It is recognized that it is a right for every handicapped person to receive his fair and full share of all public services in such areas as health and medicine, education, vocational training, job opportunities in the public sector, recreation, social adjustment opportunities, social security, legal rights and to have access to all activities that are partially supported by the public through tax exemptions and grants.

IV - SUMMARY AND CONCLUSIONS

e. It is recognized that services to the handicapped, including custodial care where necessary, are best performed in the community where such person resides. Impersonal institutional care is to be discouraged and gradually phased out.[9] Services and facilities for the handicapped must be in full view of local citizenry at all times to insure that personal and humane treatment is given under conditions approximating normal living, as near as is feasible.

f. It is recognized that average cost of services on a per capita basis may have little to do with actual expenditures required for habilitation of a specific child. Therefore, the principle of setting aside a percentage of total available funds in proportion to the percentage of the handicapped to the total population should prevail. Regardless of individual costs, the amount to be used for care of the handicapped population should be limited only by the total, proportionate share available.

g. It is recognized that although the handicapped are by all means and measures legally and morally entitled to their proportionate share of general revenues, that all citizens should be educated to the needs of the handicapped so that a climate of empathy and constructive aid is created which will encourage voluntary additional support where found to be warranted.

h. It is recognized that although short-term programs appear to be expensive, the long-term gains can be shown to far outweigh the initial investment. Any individual that can remain in his community, in his home, in his school and ultimately care for himself and earn his support partially or wholly, will reduce the tax burden for his long-term survival and in most cases, return taxes to the treasury from his earnings. To enable the handicapped individual the opportunity to support himself, is a right that society must insure and protect.

i. It is recognized that handicapped persons perform a vital function in the community as they permit the study of human development in all its variations. They serve as challenges in the frontiers of research in medicine, psychology, sociology and education. They permit useful social mechanisms to be developed which instill a cooperative common spirit among the community and

inspire youth and the aged to lend a helping hand in doing socially redeeming work. The handicapped permit the community to develop a conscientious attitude about the fragility of the human body and mind and the simultaneous courageous strength of the human spirit which carries over to all areas of human relationships and endeavors. The idea of coping with and accepting deviancy in a human being enlarges the concept of acceptance of deviancy among humans in politics, race, religion, sex, economics and cultures.

j. It is recognized that parents of handicapped children or handicapped adults are sometimes not able to obtain the necessary services to which they are entitled and need. Therefore, the principle of having a community advocate empowered to act on behalf of the consumer is a powerful way to cut red tape and speed up the help required. In addition, a permanent, rotating citizen's advisory board is required to insure implementation of any approved long-range plan for aiding the handicapped.

We believe that our county is ready to assume leadership and harness its human resources to assist the handicapped child in becoming an asset to the community.

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COUNTY COUNCIL
OF
HOWARD COUNTY, MARYLAND
1969 Legislative Session, December 1, 1969 #23
Resolution No. 73
Introduced by THE CHAIRMAN

RESOLUTION REQUESTING, THE COUNTY EXECUTIVE TO APPOINT A HOWARD COUNTY COMMISSION FOR HANDICAPPED CHILDREN TO BE COMPRISED OF TWELVE (12) MEMBERS AND SETTING FORTH THE AUTHORITIES AND DUTIES OF SAID COMMISSION

By the Council, December 1, 1969

Introduced, read first time.
Public hearing Scheduled 12/15/69
Public hearing held 12/15/69

By order Robert F. Fischer, Secretary
By the Council, January 5, 1970
Certified Robert F. Fischer, Secretary

AND ADOPTED

WHEREAS, careful studies have shown that ten percent of the children born each year in the United States suffer physical, mental or emotional impairment to a significant degree, and there is no reason to assume that the Howard County population deviates substantially from national norms, and

WHEREAS, there currently exists proven and medically accepted procedures for treating many of these handicapped conditions, which procedures depend for their effectiveness upon early diagnosis and continuing home, community and educational support, and

WHEREAS, the State and Federal Governments have appropriated funds for the use of local governments and school systems in providing various programs for such children, and

WHEREAS, it is desirable that a coordinated, comprehensive study be made of this problem as it exists in Howard County of the best and most efficient method for using available local, State and Federal resources in providing the special services needed by the physically, mentally and emottionally handicapped, and

WHEREAS, the Howard County Council has a deep and abiding concern for the welfare of the handicapped children of Howard County and a desire to foster the most effective total program possible with the medical, institutional and economic resources available, to the end that such children may to the greatest extent possible become productive members of society.

NOW, THEREFORE, BE IT RESOLVED, *by the County Council of Howard County* this 5th day of January, 1970, that the County Executive of Howard County be authorized, and is hereby requested, to appoint a Commission not to exceed twelve (12) in number lay citizens and professional persons to conduct a comprehensive study to determine the present and future needs for programs to meet the special requirements of physically, mentally and emotionally handicapped children, including the study of a possible program for continuing financial support of such programs, and

BE IT FURTHER RESOLVED, That the Commission be known as "Commission for Handicapped Children" and that its membership shall be composed of lay citizens and professional persons representing a broad spectrum of community organizations and interests actively concerned with handicapped children, and

BE IT FURTHER RESOLVED, That the Commission for Handicapped Children receive appropriate secretarial and supporting services to the extent approved and budgeted from the County Government and that it be directed to render a full and complete final report to the Howard County Council on or before January 1, 1971.

COUNTY COUNCIL
OF
HOWARD COUNTY, MARYLAND
1970 Legislative Session, October 5, 1970 #16
Resolution No. 53

Introduced by THE CHAIRMAN AT THE REQUEST OF THE HOWARD COUNTY COMMISSION FOR HANDICAPPED CHILDREN

RESOLUTION extending the time for submission of final report of the Commission for Handicapped Children.

By the Council, October 5, 1970

Introduced, read first time.
Rules suspended

By order, Robert F. Fischer, Secretary

AND ADOPTED

By the Council, October 5, 1970
Certified Robert F. Fischer, Secretary

WHEREAS, on the 5th day of January, 1970, the Clunty Council of Howard County, Maryland by its Resolution No. 73, created the Commission for Handicapped Children, and

WHEREAS, said Resolution provided that the Commission would render a full and final report to the County Council of Howard County on or before January 1, 1971, and

WHEREAS, the Commission now finds that it is unable to submit a final report within the time provided and requests this Council to extend the time for submission of the final report for six months without any increase in the Commission's budget.

NOW, THEREFORE, BE IT RESOLVED *by the County Council of Howard County, Maryland,* **this 5th day of October, 1970, That the time for submission of a final report by the Commission for Handicapped Children be and the same is hereby extended to June 30, 1971.**

DECLARATION OF GENERAL AND SPECIAL RIGHTS OF THE HANDICAPPED*

WHEREAS the universal declaration of human rights, adopted by the United Nations, proclaims that all of the human family, without distinction of any kind, have equal and inalienable rights of human dignity and freedom;

WHEREAS the declaration of the right of the child, adopted by the United Nations, proclaims the rights of the physically, mentally or socially handicapped child to special treatment, education and care required by his particular condition.

NOW THEREFORE; The Howard County Commission for Handicapped Children, expresses the general and special rights of all handicapped persons regardless of the type of disability.

ARTICLE I: The handicapped person has the same basic rights as other citizens of the same country and same age.

ARTICLE II: The handicapped person has a right to proper medical care and physical restoration and to such education, training and guidance as will enable him to develop his ability and potential to the fullest possible extent, no matter how severe his degree of disability. No handicapped person should be deprived of such services by reason of costs involved.

ARTICLE III: The handicapped person has a right to economic security and to a decent standard of living. He has a right to productive work or to other meaningful occupation.

ARTICLE IV: The handicapped person has a right to live with his own family or with foster parents; to participate in all aspects of community life, and to be provided with appropriate leisure time activities. If care in an institution becomes necessary it should be in surroundings and under circumstances as close to normal living as possible.

ARTICLE V: The handicapped person has a right to a qualified guardian when this is required to protect his personal well being and interest. No person rendering direct services to the mentally retarded should also serve as his guardian.

ARTICLE VI: The handicapped person has a right to protection from exploitation, abuse and degrading treatment. If accused, he has a right to a fair trial with full recognition being given to his degree of responsibility.

ARTICLE VII: Some handicapped persons may be unable due to the severity of their handicap to exercise for themselves all of their rights in a meaningful way. For others modification of some or all of these rights is appropriate. The procedure used for modification or denial of rights must contain proper legal safeguards against every form of abuse, must be based on an evaluation of the social capability of the handicapped person by qualified experts and must be subject to periodic reviews and to the right to appeal to higher authorities.

ABOVE ALL THE HANDICAPPED PERSON HAS THE RIGHT TO RESPECT.

* (Adopted from August, 1969 issues of *MENTAL RETARDATION*)

INSTRUCTIONS FOR QUESTIONNAIRE

A. All persons should answer General Questions (1) through (7) as listed below.

B. Parents of handicapped children should only answer questions (8) through (13). Each handicapped child, designated child (a), child (b), or child (c) in case there is more than one, should be kept in the same order in all appropriate questions that follow.

C. If you are *not* the parent of a handicapped child, you should only answer questions (14) through (19).

D. Everyone is invited to write comments in space provided. Signature is optional (not required).

E. THIS SHEET MUST FACE YOU BEFORE FOLDING FOLD DOWN ON LINE NO. 1 AND FOLD UP ON LINE NO. 2. SECURE WITH TAPE OR STAPLE.

LD - FOLD

: No. 1 Line No. 1

GENERAL QUESTIONS

(1) How many persons live in your household? (Please fill in number) _____

(2) The number of persons include: [ ] Father [ ] Mother [ ] Other adults (Please fill in number)

_____

(3) In what type of dwelling do you live? (Please check one box) [ ] Own home [ ] Rent home
[ ] Cooperative apartment [ ] Rented apartment [ ] Trailer [ ] Other (Please specify)

_____

(4) What is the nearest public school to your home? (Please check one box)

[ ] Bryant Wood Elem.	[ ] St. John's Lane Elem.	[ ] Ellicott City Middle School
[ ] Atholton Elem.	[ ] Savage Elem.	[ ] Glenwood Middle School
[ ] Clarksville Elem.	[ ] Scaggsville Elem.	[ ] Patapsco Middle School
[ ] Elkridge Elem.	[ ] Waterloo Elem.	[ ] Waterloo Middle School
[ ] Ellicott City Elem.	[ ] West Friendship Elem.	[ ] Wilde Lake Middle School
[ ] Guilford Elem.	[ ] Faulkner Ridge Elem.	[ ] Atholton High School
[ ] Lisbon Elem.	[ ] Longfellow Elem.	[ ] Glenelg High School
[ ] Howard Vo Tech. Center	[ ] Running Brook Elem.	[ ] Howard High School
[ ] Northfield Elem.	[ ] Thunder Hill Elem.	[ ] Mt. Hebron High School
[ ] Rockland Elem.	[ ] Clarksville Middle School	

D FOLD

: No. 2 Line No. 2

(5) What is the highest grade attained in school? (Please fill in number from list at right)

_____ Mother
_____ Father
_____ Family Guardian

1. 1 - 8th grade
2. 9 - 12th grade
3. 1 - 2 years college
4. College graduate
5. Advanced degrees

(6) Do you have a family doctor? (Please check one box) [ ] Yes [ ] No.

(7) Would you like someone to help you complete this questionnaire? [ ] Yes [ ] No.
If yes, please mail form anyway. Someone will contact you.

NO POSTAGE IS REQUIRED TO MAIL THIS FORM BACK TO THE COMMISSION. HOWEVER, IF YOU USE YOUR OWN STAMP, YOU WILL SAVE US 8 CENTS FOR HANDICAPPED CHILDREN.

APPENDIX C

IF YOU HAVE A HANDICAPPED CHILD, PLEASE ANSWER THIS SIDE ONLY

(8) Please identify your handicapped children by the following:

Child	Sex (Insert M for Male or F for Female)	Type of Handicap (Insert number at right to best describe. More than one number is permissable for each child.)
(a)	____	____
(b)	____	____
(c)	____	____

1. Speech & Hearing
2. Vision and Eye
3. Heart
4. Mental retardation
5. Physical, Orthopedic
6. Cerebral Palsy
7. Cosmetic, Cleft palate or lip
8. Behavior or Personality distur
9. Hyperactivity
10. Epilepsy or Convulsion disord
11. Other ____

(9) Please include the following information about your handicapped child:

Child	Age (Last Birthday)	Highest Grade Achieved (Insert number at right to best describe)	School Attended (Insert number at right to best descr
(a)	____	____	____ ____ (Specify School)
(b)	____	____	____ ____ (Specify School)
(c)	____	____	____ ____ (Specify School)

1. K - 3
2. 3 - 6
3. 6 - 9
4. Ungraded trainable
5. High School Graduate
6. College training
7. Vocational training

1. Howard County Public Schools
2. Private Schools
3. Other educational facility

(10) Do you feel that any of your children have an educational problem? [ ] Yes [ ] No.
If the above answer is yes, please record information below:

Child	Problem Area (Insert number at right to best describe; more than one number is permissable for each child.)
(a)	____
(b)	____
(c)	____

1. Reading
2. Speech
3. Writing
4. Spelling
5. Memory
6. Mathematics
7. Physical coordination
8. Getting along with others
9. Other ____ (specify)

(11) Do you feel that your child needs more help than he is presently getting: [ ] Yes [ ] No.
If above answer is yes, please record information below:

Child	Problem Area (Insert number at right to best describe; more than one number is permissable for each child.)
(a)	____
(b)	____
(c)	____

1. Medical
2. Tutoring
3. Vocational training
4. Psychological testing
5. Remedial reading
6. Language therapy
7. Physical therapy
8. Social adjustment
9. Recreational
10. Psychotherapy
11. Occupational therapy
12. Diagnostic services
13. Other ____ (specify)

(12) Is your handicapped child currently enrolled in an educational program? [ ] Yes [ ] No.
If yes, please record below:

Child	Where (Please fill in number at right that best applies)	Your Actual Cost (Please fill in number at right that best applies)
(a)	____	____
(b)	____	____
(c)	____	____

1. Public day school
2. State Residential setting
3. Public hospital
4. Home
5. Private day school
6. Private residential setting
7. Private hospital

1. Less than $100 per year
2. Between $100 to $500 per year
3. Between $500 to $1000 per ye
4. Between $1000 to $2000 per y
5. Between $2000 to $4000 per y
6. Over $4000 per year

(13) (a) Is your child or children presently under the care of a doctor? [ ] Yes [ ] No.

(b) Does your doctor prescribe medication for your child's (children's) handicap? [ ] Yes [ ] No.

(c) Is your child (children) required to take medication during school? [ ] Yes [ ] No.

SUMMARY OF COMMENTS TO CENSUS SURVEY
(PARAPHRASED)

Survey
Number

00010 No handicap in family; establish community day care for handicapped using multi approach with sliding scale fees; provide transportation. Invoke all existing laws for handicapped. Plan now for increase in handicapped population.

00012 More flexibility in allowing handicapped children to remain in neighboring counties where program was initiated; fee should be paid by county. Teenage centers have helped much in social adjustment; these facilities should be expanded.

00018 Unfair to place physically handicapped child CP (Cerebral Palsey) in with mentally retarded; wants this situation corrected.

00061 Offer of "Pattern therapy" to kids who could benefit. Health Department excellent - services should be expanded in general.

00082 Has uneducable retarded child; feels questionnaire does not cover severely retarded.

00093 Public needs to be reeducated about the handicapped. Commission needs a top-rate relations man. Suggests a self-contained community of handicapped to perform on a cooperative basis all functions of living; similar to "leisure world" for the aged. Handicapped persons need ego and morale building support.

00123 Rates high marks for Child Study Center.

00126 Need extended facilities for older CP children; preferably associated with local school.

00129 Child in Benedictine School and is very happy.

00134 Child should be kept with normals.

00161 Early diagnosis essential for hearing impairment, before 1 year old; cut red tape to insure such examinations.

00175 More expertise needed on speech and reading.

00188 Wants remedial reading extended past 3rd grade with the use or rental of programmed teaching devices after school; should be given highest priority.

00303 Feels more special schools needed where one-to-one basis is made possible.

00311 Has 2 handicapped; one deaf, in Md. State School, one a crib-case, paralyzed retardate. Asks for a county hospital-type care center and supportive help for retarded crib-case. "What if I broke a leg?"

00312 Has 2 retarded; one age 20 at Rosewood, one age 8 at Rolling Road. Needs training and workshop for younger later on; wants state aid or income tax relief.

00313 Has pre-school child who has no vision in one eye.

00344 Knows of 5 handicapped children in her neighborhood. Wants more and earlier services.

00363 Has 2 male children; one needs cosmetic surgery, both in dire need of speech therapy.

00366 Writer is caseworker at Henryton. Wants recreation and sheltered workshop of adult retarded in their own community.

00369 Mother is experimenting with medication for hyperactive child in cooperation with family doctor.

00371 Child, 28 years old, has speech problem and is a cripple. Mother thinks a few hours of play in a school would help both child and parents.

00372 Child needs more speech and language therapy.

00375 Has trainable child; feels need for language therapy. Feels there are not advanced enough program for bright trainables; wants vocational training later.

00385 Child with speech problem. Speech therapy should definitely be available in middle and high schools.

00420 Needs help in placement for middle school.

00437 Speech therapy in middle and high school.

00438 Would like to see theraputic art and clinical physical education as part of regular school program.

00453 Would like to see Social Workers added to public schools to insure that follow-up care is provided; suggests better working relationship with Department of Mental Hygiene.

00485 More publicity on what is available. Parent contact with community advocate is desireable when program cannot be found or where parents are to go for help.

SUMMARY OF COMMENTS TO CENSUS SURVEY
(PARAPHRASED)

Survey
Number

00486 Prejudice against epilepsy still widespread. Afraid to tell school about handicap on advice of doctors. Child is in normal class at present and doing well.
00487 Expand Child Study to all other elementary schools.
00492 Does not favor placement of handicapped in same schools with normals.
00494 More physical therapy needed so child can attend local school system. Older retardates need occupational therapy and vocational training in sheltered workshop or activities center.
00511 Feels much need for public to be made aware of problem via TV and news media.
00530 Shorter bus ride for handicapped. Wants closer watch on funds.
00545 20 year-old son in Rehabilitation Program now attends Montgomery College; doing well.
00595 Daughter needs class between trainable and educable.
00596 Educate children to understand handicapped; stress early diagnosis, more qualified teachers; disseminate expert technical information to parents. More enlightened approach to behavior problems. Small classes. Some participation in normal social stream, no matter how handicapped. Overhaul present reading programs; produces only mediocre performance.
00717 Suggests medical plan coverage, guarenteeing financial help automatically for all handicapped.
00719 Financing of improved programs should be by local, state, and federal sources.
00725 Son partly deaf; has speech problems which disturbs him.
00733 Suggests returning child to normal classroom after therapy.
00738 Daughter's hyperactivity discovered in nursery school. Would like to see others diagnosed and helped at a very early age.
00744 Wants handicapped to attend normal classroom. Her son has a handicapped friend whom he helps and is learning empathy.
00762 Community should be made more aware of the needs of these children.
00779 Is a teacher. Has worked with brain damaged who are on drugs; feels PTA's should stress parent information on drug therapy.
00790 Senior citizens as teacher aids; counseling for parents.
00922 Wants speech therapy.
00975 Wants sheltered workshop for CP child.
01007 More community support for both child and parents, even if it means more taxes.
01019 Hyperactive son; wants more schools like Contemporary School for Education.
01021 Two sons with disgraphia. Works as volunteer teacher's aide. Would like to see each school have Special Education teacher plus aides.
01028 Has child with convulsive disorder. He must take his own medicine at lunch, sometimes forgets. Thinks school system needs its own doctor and nurse service. Private doctors are hard to come by for new people in county.
01029 Son has asthma; was not diagnosed early enough; missed much school.
01039 Is a girl scout leader. Wants to include handicapped girls, but they usually don't apply. Contact field Director, Mrs. Vernine Lenz SO1-6222 Tues., Fri., 10-2.
01046 Has twin male truants in state correctional school.
01048 Pre-school girl with birth defects.
01060 Thinks nurses are needed in each school.
01105 Needs further information on professional help for hearing impaired child. Telephone call required.
01108 If need for new programs can be demonstrated, willing to go along. Definitely opposed to mixing trainable retarded with normals, but does not mind integration of other handicaps with normal children.
01147 Has hyperactive son with learning disabilities. She feels all teachers K thru 2 should be given courses in how to recognize handicaps so early diagnosis can be made.
01156 She has a Girl Scout troop who would like to visit handicapped and teach them songs.
01174 Has deaf son at Md. School for deaf. Suggests all parents learn sign language at the school Monday and Thursday nights at Western Maryland College in Westminister, 7 p.m. in library; for further information call 489-4975.

SUMMARY OF COMMENTS TO CENSUS SURVEY
(PARAPHRASED)

Survey Number

01179 Feels such a child's parents need help to cope.

01184 Wants facilities for hyperactive, disturbed kids here such as the Children's Guild. (her daughter is one)

01188 Wants program for hearing impaired at local school. Does not see middle school present programs responsive to hearing impaired child. Needs reimbursement for transportation. Telephone call required.

01192 Is greatly concerned with lack of hospital, clinic or treatment center in county. Has to travel too far for help.

01405 Neighbor's child "doesn't live, just exists".

01406 Wants a special school for all types of handicapped.

01413 Has retarded son in day care center. Wants more facilities for older children.

01416 Hyperactive disturbed; more help for parents and child.

01417 Must educate public-at-large regarding handicaps. Experience with teachers in school system indicate that a great degree of prejudice, ignorance exists which penalizes the child and family.

01421 Son has clubfoot but it does not interfere with his general school function.

01430 Thinks the children should be kept in community; it's more economical and humane.

01438 Has girl in Maryland School for Blind. Thinks home best for very young; state school best for older children.

01456 We need more schools, more facilities of all kinds. Has a retarded daughter who had a hard time.

01457 Has vision impaired son. Thinks medical record should be required before entering school at 5.

01458 Has 2 orthopedic or physically handicapped children. Feels they need physical therapy and could benefit from more individual attention.

01484 Has pre-school child with vision problems; needs special help.

01485 Son has speech problem, but no therapist available this year at Scaggsville.

01486 2 daughters; one impaired in vision, one wears hearing aid, both need help; has no money.

01489 Knows of Teen Auxiliary; works at Mt. Hebron; students want to help but don't know whom to contact.

01495 Wants integration of handicapped and normal.

01500 Hearing problems; has had operation; should improve.

AGENCY QUESTIONNAIRE

DATE _____

AGENCY _____ ADDRESS _____

DIRECTOR _____ PHONE (S) _____

(Answer questions which apply to your agency.)

1. How is your agency funded (Check more than one if applicable)?

a	fees	e	state monies
b	donations	f	Federal monies
c	endowment	g	other (specify) _____
d	local monies		

2. What service (s) does your facility render to handicapped individuals?

a	medical evaluation	g	recreation
b	mental health counseling	h	counseling in social adjustment
c	psychiatric therapy	i	family counseling
d	educational	j	home visits
e	rehabilitation	k	physical therapy
f	occupational therapy	l	other _____

3. Professional staff (Indicate numbers of staff after each):

		Number			Number
a	pediatricians	___	g	nurses	___
b	internists	___	h	occupational therapists	___
c	psychiatrists	___	i	physical therapists	___
d	psychologists	___	j	consultants	___
e	social workers	___	k	other (specify) _____	
f	educators	___			

4. Non-professional staff (Indicate numbers after each):

		Number			Number
a	clerical	___	e	kitchen	___
b	aides	___	f	volunteers	___
c	orderlies	___	g	other (specify) _____	
d	maintenance	___			

5. Total number of patients or clients served per year:

a	in-patients or clients	___
b	out-patients or clients	___
c	home visits	___

6. Is the average duration of care per in-patient or client

a	less than 1 month	d	7 to 12 months
b	1 to 2 months	e	greater than one year
c	3 to 6 months	f	indefinite

7. Is the average duration of care per out-patient or client

a	less than 6 months	d	19 to 24 months
b	7 to 12 months	e	greater than 24 months
c	13 to 18 months	f	indefinite

DATA SUMMARY OF AGENCY QUESTIONNAIRE

Question 1

Agencies receive up to 79% of their monies from state sources with the remainder up to 33% from fees, donations and local funds and up to 12.5% from endowments and other sources.

Question 2

Of the agencies queried, 67% offer evaluation, counseling and education and 33% offer therapy, rehabilitation and home visits.

Question 3

The professional staff of the agencies queried were comprised of 33% educators, 33% social workers and nurses (equally divided) and 34% psycholgists, therapists and miscellaneous helping personnel (equally divided).

Question 4

Non-professional help consisted of 35% aides, 20% orderlies, kitchen help, clerical, maintenance and miscellaneous and 45% volunteers with Springfield State Hospital using the largest number of volunteers (728).

Question 5

The total number of patients served per year of all the agencies queried were 25,700 with 55% as out-patients, 30% as in-patients and 15% served by home visits.

Question 6

Average in-patient care is one year or longer.

Question 7

For out-patient care, 50% of the patients require about one year, while 25% require one to nine months and the other 25% require from 15 months to 2 years.

Question 8

Number of Howard County residents served daily as out-patients varied with the agency. About 50% of the agencies had less than 10 clients and the remaining 50% of the agencies were evenly divided between 11-30 clients, 31-50 and over 50 clients per day from Howard County.

Question 9

Of the agencies queried, 50% reported no waiting list and the other 50% reported waiting lists of 1-50 clients.

Question 10

Agencies queried received about 30% referrals from Department of Education, 15% self-referrals, 15% from doctors, 20% from clinics, 15% from social service agencies and 5% from other sources.

Question 11

Priorities of current needs are discussed in detail in *Summary of Findings* in body of report.

Question 12

Most of the discharged patients go to the educational system, but many do not have follow-on programs.

COUNTY COUNCIL
OF
HOWARD COUNTY, MARYLAND
1970 Legislative Session Legislative Day No. 7 5/3/71
Bill No. 19

Introduced by The Chairman at the request of the County Executive

AN ACT to repeal and re-enact with amendments section 1.101 to Title 1 of the Howard County Code "Administration", sub-title "Personnel", listing employees in the exempt service and description of duties assigned to Human Service Administrator, Personnel Administrator and Budget Administrator, and further providing for minimum qualifications of Personnel Administrator and Budget Administrator.

By the Council May 3, 1971

Introduced, read first time, ordered posted and Public Hearing scheduled on May 17, 1971 at 7 p.m. in the Council Hearing Room, Courthouse, Ellicott City, Maryland.

By Order, Robert F. Fischer, Secretary

PUBLIC HEARING

Having been posted and Notice of time and place of hearing and Title of Bill having been published according to Charter, a public hearing was held on May 17, 1971 and continued to May 17, 1971 and concluded on May 17, 1971. Reported favorably with amendments, read second time and ordered printed for third reading.

Robert F. Fischer Secretary

Section 1. Be it enacted by the County Council of Howard County, Maryland, that Section 1.101 of Title 1 of the Howard County Code "Administration", sub-title "Personnel" be and the same is hereby repealed and re-enacted with amendments to read as follows:

1.101 - Scope

The Merit System of the County shall embrace all officers and employees of the County except the officers and employees of the Board of Education and all employees covered by the State Merit System.

All County positions shall be either in the exempt or classified service.

a. Exempt Service Employees

Elected officials, committing magistrates, attorneys, members of boards and commissions, the County Administrator, a secretary to the Executive, the secretary to the Council, the heads of departments and offices, employees in the Sheriff's office, including the Jail but excepting clerical employees, employees in the State's Attorney's office with the exception of clerical employees of the Circuit Court, employees of the Assessor's Office with the exception of clerical employees, [paid firemen,] HUMAN SERVICES ADMINISTRATOR, PERSONNEL ADMINISTRATOR, BUDGET ADMINISTRATOR, and temporary or seasonal employees.

b. DUTIES OF THE HUMAN SERVICES ADMINISTRATOR

THE DUTIES OF THE HUMAN SERVICES ASMINISTRATOR SHALL BE TO PROVIDE COUNTY GOVERNMENT LIASON, PLANNING AND COORDINATION WITH CITIZENS ADVISORY GROUPS AND ESTABLISHED COMMISSIONS IN THE AREA OF HUMAN SERVICES FOR THE AGED PERSONS, HANDICAPPED PERSONS, PERSONS DISCRIMINATED AGAINST BECAUSE OF RACE OR RELIGION, AND PERSONS IN POOR ECONOMIC CIRCUMSTANCES, AND TO ASSIST IN DEVELOPING A MASTER PLAN FOR THE DEVELOPMENT, IMPLEMENTATION AND EXPANSION OF HUMAN SERVICES TO ALL PERSONS IN THE COUNTY WHERE SUCH NEEDS ARE NOT CURRENTLY MET. *

***INCOMPLETE BILL - only pertinent information included regarding the position of Human Services Administrator**

COMMUNITY SERVICE CORPS

Establish a model project of 100-200 youth, aged and other citizens to serve in the Community Service Corps.

A distinctive emblem, shirt and cap should be designed by the youth for ready identification and approval by the public.

It will be necessary for all aides to take short orientation courses at the community college prior to assignment. Certain job assignments requiring more advanced training, understanding and sensitivity would require additional crash courses prior to assignment.

Each agency utilizing the Community Service Corps (CSC) would pay its share of the costs including scholarship tuition which could be less than the cost for full time, fully compensated workers.

Volunteer aides would require to give 20 hours per month of time (about one hour per day or a block of time averaging 4 hours per week).

Paid aides will be required to work 80 hours per month or about 18 hours per week.

Student Volunteer – High school junior; 20 hours/month; no pay; non-sensitive assignments; priority consideration for selection to next rank after one year.

Student Junior Community Aide– High school senior, college freshman or college sophomore; 80 hours/month; $50/month with one year scholarships at Howard Community College (HCC) for each year served; more difficult assignments; priority consideration for selection to next rank after 2 years.

Student Senior Community Aide – College junior or senior; 80 hours/month; $100/month plus one year free tuition scholarship at any Maryland state school for each year served; increasingly sensitive and career-ladder oriented assignments; priority consideration for available county jobs in human services.

Citizen Volunteer – Adult; 20 hours/month; no pay; sensitive assignments; public recognition for outstanding contributions.

Senior Citizen Community Aide – Adult over 60 or retired; 80 hours/month; $120/month; Sensitive assignments; public recognition for outstanding contributions.

The Public would be informed by press, TV and other media to extend transportation and other help to all corpsmen.

Youth will be recruited from all segments of the community.

Federal funds should be sought for financial assistance in getting the demonstration model underway.

Human Services to be provided by the Corps include: Recreational aides; Hospital aides; Direct help to families; School aides; Bus aides; Big brother and big sister; Tutoring; Half-way House aides; Social adjustment; Physical help and companionship to aged; Transportation assistance; Homemaking; Hobbies; Vocational skills; Occupational therapy aides; Physical therapy aides; Rehabilitation aides; Work with youth on drug problems, crime and delinquency; Emergency chores to families in trouble.

It is believed that the entire program can be self-financing by providing a wide range of human services at modest cost, eliminating the need for more expensive marginal personnel.

SELECTED BIBLIOGRAPHY

Many documents and books were read and studied for background information relating to the work of the Commission. The list compiled below are some of the selected references and resources that may be of value to the serious student, professional worker or enlightened citizen who may wish to pursue the subject of handicapped children in greater depth. Much additional data are available from Booklists, Bibliographic Compilations, Journals and Overview Articles, some of which are included below.

Journals and Booklists

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6. *Academic Therapy Quarterly* and *Journal on Learning Disabilities,* Dewitt Reading Clinic, Subscriptions Dept., 1443 5th Ave., San Rafeal, California, 94901.

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12. *Interim Emergency Report of the National Advisory Committee on Handicapped Children,* Office of Education, U.S. Dept. of HEW, Washington, D.C., 6 May (1969).

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VII - PUBLIC HEARINGS

A preliminary draft of the Commission's report was circulated widely to all religious and civic organizations, to public and private agencies, to special education teachers and supervisors in the Department of Education, to local PTA groups, to private physicians and public health nurses, to private industrial firms and to all participants, consultants and members. Publicity about the content and recommendations of the Commission Report appeared in all local newspapers over a period of several weeks.

Public hearings regarding the Commission report were held on 13 and 14 October 1971 starting at 8:00 p.m. in the Council Hearing Room of the Court House in Ellicott City. Mr. H. S. Preiser, Chairman of the Commission, presided over the hearings and several members were on hand at each hearing to assist in answering questions from the public.

The County Executive, Mr. Omar Jones and the President of the Council, Dr. Edward H. Cochran were present at the first hearing. A detailed briefing of the recommendations of the Commission was given by the chairman. Discussions centered around the need for matching funds from the county for a Sheltered Workshop, the need for legislation for the county to become the employer of last resort for certain handicapped persons unable to obtain private employment and the need to revise local building codes to remove architectural barriers from public buildings which prevent access by the physically handicapped. Mrs. Lynn Shoffeitt and Dr. Charles Simpkinson, Consultants to the Howard County Workshop, Inc. gave testimony on the progress of the Sheltered Workshop in process of implementation in the county. Mrs. H. Edwin Hettchen, representing the Howard County Association of Retarded Children, spoke of the need to continue funding for the Activities Center, which is a complementary supportive service for severely retarded individuals unable to participate in gainful employment. She also discussed the urgent need for the establishment of small specialized residences for the handicapped.

At the second hearing, Mrs. Artha Hoffarth, President of the local Council for Exceptional Children, discussed the need for more aides in the classrooms for the handicapped and the need for simplified procedures for obtaining excess state aid for tuition costs of handicapped children attending private schools. Dr. Harvey Katz, a Commission member, spoke of the need for early medical and educational diagnostic services for pre-school children and expanded on the need for the establishment of a high risk register for children born with handicapping conditions, in order to insure early intervention and remediation.

A detailed private communication was received by the Superintendent of Schools, Dr. M. Thomas Goedeke, who, in general, supported the recommendations of the Commission with some minor modification. Most of the suggestions by the

VII - PUBLIC HEARINGS

Department of Education, in consultation with the Vice-Chairman, Mrs. Nancy L. Zastrow, were included in the printed report.

Many telephone calls were received from concerned citizens indicating a positive reaction to the Commission report with offers for help in achieving implementation as rapidly as is feasible. The Human Services Seminar, recently held at the Howard Community College, has reacted favorably to many of the recommendations of the Commission.

It is expected that interested organizations will single out groups of related recommendations and work toward adoption by the community and county government.